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

2015

Open to Public Inspection

A For the 2015 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) Room/suite: 40 WORTH STREET, 5TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10013

D Employer identification number: 13-5669201

E Telephone number: (646) 619-6400

G Gross receipts $ 207,085,237.

F Name and address of principal officer: LISA DAVID
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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 ▶ ☐ 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	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	768
6	Total number of volunteers (estimate if necessary)	6	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	203,234,974.	198,171,322.
	9	Program service revenue (Part VIII, line 2g)	8,679,187.	8,784,561.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,840.	21,467.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,932,001.	206,977,350.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	46,055,880.	43,303,948.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	10,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 326,170.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	163,045,086.	163,259,503.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,110,966.	206,573,451.
	19	Revenue less expenses. Subtract line 18 from line 12	2,821,035.	403,899.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	34,698,605.	47,679,025.
	21	Total liabilities (Part X, line 26)	57,533,016.	70,455,193.
	22	Net assets or fund balances. Subtract line 21 from line 20	-22,834,411.	-22,776,168.

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 11/14/16

▶ STEVEN LAWITTS , EXECUTIVE VP/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT R. LYONS		11/14/16		P00227472

Firm's name ▶ MARKS PANETH LLP — Firm's EIN ▶ 11-3518842

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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? ..... [X] 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 [X] 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 $ 118,085,577. including grants of $) (Revenue $)

CONTRACTING AND MANAGEMENT SERVICES (CAMS) -- FORMERLY HIV CARE SERVICES -- HAS AN ESTABLISHED HISTORY OF ADMINISTRATIVE EXCELLENCE BROUGHT TO BEAR ON THE FIGHT AGAINST HIV/AIDS. IN 2015, THE DIVISION WAS RENAMED CAMS TO REFLECT THE EXPANDED SCOPE OF WORK THAT HAD BEEN UNDERTAKEN IN RECENT YEARS, ADDRESSING A BROADER ARRAY OF PUBLIC HEALTH AND DATA STRATEGY NEEDS, IN ADDITION TO HIV/AIDS.

RYAN WHITE/HIV PREVENTION: SINCE 1991, CAMS HAS SERVED AS THE MASTER CONTRACTOR TO ADMINISTER HIV-RELATED FUNDING GRANTED TO NYCDOHMH -- FROM RYAN WHITE PART A, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND THE CITY OF NEW YORK -- OF OVER $2 BILLION DOLLARS. DURING THIS PERIOD, CAMS ISSUED REQUESTS FOR PROPOSALS/APPLICATIONS THAT RESULTED

4b (Code:) (Expenses $ 33,575,670. including grants of $) (Revenue $)

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND HOSPITAL PREPAREDNESS PROGRAM (PHEP-HPP): PUBLIC HEALTH SOLUTIONS IS THE FISCAL AND ADMINISTRATIVE AGENT FOR NYCDOHMH 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 RECRUITMENT AND HIRING, CONTRACTS ADMINISTRATION AND MANAGEMENT, PROCUREMENT OF GOODS AND SERVICES, BUDGET MANAGEMENT AND ANALYSIS, AND

4c (Code:) (Expenses $ 8,867,804. including grants of $) (Revenue $)

NEIGHBORHOOD WIC PROGRAM (WIC): ESTABLISHED MORE THAN 40 YEARS AGO, PUBLIC HEALTH SOLUTIONS' WIC PROGRAM, THE LARGEST WIC PROGRAM IN NEW YORK STATE, PROVIDES SUPPLEMENTAL FOODS, NUTRITION EDUCATION, BREASTFEEDING SUPPORT, AND COUNSELING ABOUT DIET AND EXERCISE TO OVER 40,000 LOW INCOME PREGNANT WOMEN, INFANTS AND CHILDREN (UP TO AGE FIVE) AT EIGHT WIC CENTERS THROUGHOUT NEW YORK CITY EVERY YEAR. IN 2015, PHS WAS AWARDED CONTINUED FUNDING TO SUPPORT THE PROGRAM IN RESPONSE TO ITS COMPETITIVE APPLICATION TO THE NYS DEPARTMENT OF HEALTH SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC). THE NEW FUNDING CYCLE BEGAN OCTOBER 1, 2015. WIC STAFF MONITORS PARTICIPANTS' HEIGHT AND WEIGHT; CHILDREN'S IMMUNIZATION STATUS; AND REFER THEM AS NEEDED FOR OTHER SOCIAL AND HEALTHCARE SERVICES. HEALTH

4d Other program services (Describe in Schedule O.)

(Expenses $ 38,523,138. including grants of $) (Revenue $ 8,784,561.)

4e Total program service expenses ▶ 199,052,189.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	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*	3		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*	4	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*	5		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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		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*	10	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*	11a	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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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*	14b		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*	15		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*	16		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*	17	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*	18	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*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	132		
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	768		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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?	10a		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?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
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 [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
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 Contractors

Check 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(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 (FORMER)	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 SECRETARY	1.00	X		X				0.	0.	0.
(9) EMME LEVIN DELAND BOARD MEMBER (FORMER)	1.00	X						0.	0.	0.
(10) RAYMOND FINK BOARD MEMBER	1.00	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	2.00	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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) WILLIAM KELLER BOARD MEMBER (FORMER)	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	2.00	X						0.	0.	0.
(23) SHOSHANNA SOFAER BOARD MEMBER	2.00	X						0.	0.	0.
(24) ANDREW J. WEISENFELD BOARD MEMBER	1.00	X						0.	0.	0.
(25) ELLEN RAUTENBERG (FORMER) PRESIDENT & CEO	35.00			X				244,822.	0.	14,374.
(26) STEVEN NEWMAN EXECUTIVE VP & COO	35.00			X				262,741.	0.	6,424.
1b Sub-total ▶								507,563.	0.	20,798.
c Total from continuation sheets to Part VII, Section A ▶								2,249,120.	0.	185,710.
d Total (add lines 1b and 1c) ▶								2,756,683.	0.	206,508.

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*	3		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*	4	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*	5		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
BECTON DICKINSON AND COMPANY 5859 FARINON DR., SAN ANTONIO, TX 78249	MEDICAL TECHNOLOGY	729,052.
BANDUJO ADVERTISING AND DESIGN PO BOX 536259, PHILADELPHIA, PA 15253	ADVERTISING	503,448.
TETRA TECH INC. P.O. BOX 911642, DENVER, CO 80291	TECHNOLOGY SERVICES	456,242.
DCF ADVERTISING 35 W 36TH STREET, NEW YORK, NY 10018	IT SOLUTIONS - WEB-BASE ASSESSMENT	361,850.
PROSKAUER ROSE LLP 11 TIMES SQUARE, NEW YORK, NY 10036	LEGAL SERVICES	327,494.

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 ▶ 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) LOUISE COHEN (FORMER) VP - PUBLIC HEALTH PROGRAM	35.00			X				138,174.	0.	2,791.
(28) JOSEPH TRAPANI DEPUTY TREASURER/CFO	35.00			X				201,483.	0.	6,110.
(29) MARY ANN CHIASSON VP - RESEARCH & EVALUATION	35.00			X				189,012.	0.	18,828.
(30) RACHEL MILLER VP - HIV PROGRAMS/SPECIAL	35.00			X				199,511.	0.	24,086.
(31) JANE LEVINE VP - LEGAL AFFAIRS/GENERAL	35.00			X				191,615.	0.	3,998.
(32) BENJAMIN KIM VP - STRATEGIC DEVELOPMENT	35.00			X				182,584.	0.	8,098.
(33) PETER JENSEN CHIEF INFORMATION OFFICER	35.00			X				154,653.	0.	11,910.
(34) THOMAS SALVO VP - HUMAN RESOURCES	35.00			X				180,578.	0.	21,399.
(35) DAVID, LISA PRESIDENT & CEO	35.00			X				91,587.	0.	18,546.
(36) KATHLEEN FITZPATRICK COMPTROLLER	35.00					X		178,472.	0.	25,564.
(37) SANDRA WILLIAMS DIRECTOR OF OPERATIONS	35.00					X		143,895.	0.	7,530.
(38) BETTINA CARROLL DIRECTOR OF PROGRAMS & CON	35.00					X		132,868.	0.	16,276.
(39) GIPSON, MAYNA DIRECTOR-CONTRACTS MANAGEMENT	35.00					X		132,562.	0.	12,229.
(40) KALOO, GURUCHARRAN DIRECTOR OF FIN. AND OPERATIONS-CAMS	35.00					X		132,126.	0.	8,345.
Total to Part VII, Section A, line 1c								2,249,120.		185,710.

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04-01-15

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	240,046.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	185,258,595.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,672,681.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			198,171,322.			
Program Service Revenue			Business Code					
	2 a	MEDICAID/THIRD PARTY	624000		4,416,486.	4,416,486.		
	b	THIRD PARTY SUPPORT	624100		2,775,245.	2,775,245.		
	c	OTHER REVENUE	900099		1,578,750.	1,578,750.		
	d	THIRD PARTY SUPPORT	900099		14,080.	14,080.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			8,784,561.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			21,467.			21,467.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory						
	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 $ 240,046. of contributions reported on line 1c). See Part IV, line 18	a	107,887.				
	b	Less: direct expenses	b	107,887.				
	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. ▶			206,977,350.	8,784,561.	0.	21,467.

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 [X]

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	2,063,189.	548,947.	1,389,265.	124,977.
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	32,972,202.	30,029,323.	2,892,867.	50,012.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,626,862.	1,458,697.	163,801.	4,364.
9 Other employee benefits	3,427,079.	3,032,110.	379,694.	15,275.
10 Payroll taxes	3,214,616.	2,814,689.	384,443.	15,484.
11 Fees for services (non-employees):				
a Management				
b Legal	311,444.		311,444.	
c Accounting	178,096.		178,096.	
d Lobbying				
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.)	21,125,253.	20,933,040.	127,318.	64,895.
12 Advertising and promotion	2,431,998.	2,431,998.		
13 Office expenses	6,564,191.	6,331,714.	202,554.	29,923.
14 Information technology	605,080.	545,160.	59,680.	240.
15 Royalties				
16 Occupancy	5,233,906.	4,656,088.	577,818.	
17 Travel	500,304.	485,879.	14,425.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	59,068.	55,033.	387.	3,648.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238,571.	197,099.	41,472.	
23 Insurance	285,345.	213,728.	71,617.	
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	123,516,653.	123,516,653.		
b MAINTENANCE AND REPAIRS	1,115,638.	960,494.	154,291.	853.
c RECRUITING AND TRAINING	589,311.	386,068.	202,248.	995.
d SUNDRY	504,645.	455,469.	43,672.	5,504.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	206,573,451.	199,052,189.	7,195,092.	326,170.
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 Sheet

Check 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		23,164,223.	2	25,236,713.
	3	Pledges and grants receivable, net		8,955,499.	3	18,723,763.
	4	Accounts receivable, net		1,351,638.	4	1,049,587.
	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		85,955.	8	90,933.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,581,968.			
	b	Less: accumulated depreciation	10b 4,693,310.	458,428.	10c	888,658.
	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		682,862.	15	1,689,371.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,698,605.	16	47,679,025.
Liabilities	17	Accounts payable and accrued expenses		24,436,822.	17	32,863,448.
	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		1,400,000.	23	3,400,000.
	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		31,696,194.	25	34,191,745.
	26	**Total liabilities.** Add lines 17 through 25		57,533,016.	26	70,455,193.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-24,089,572.	27	-23,433,817.
	28	Temporarily restricted net assets		1,255,161.	28	393,046.
	29	Permanently restricted net assets			29	264,603.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] 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		-22,834,411.	33	-22,776,168.
	34	Total liabilities and net assets/fund balances		34,698,605.	34	47,679,025.

Form **990** (2015)

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12-16-15

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,977,350.
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,573,451.
3	Revenue less expenses. Subtract line 2 from line 1	3	403,899.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,834,411.
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	-345,656.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-22,776,168.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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
2015
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 (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	210,961,523.	196,756,633.	194,246,808.	203,234,974.	198,193,324.	1003393262.
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	877,132.	593,412.	615,982.	561,849.	488,462.	3,136,837.
4 **Total.** Add lines 1 through 3	211,838,655.	197,350,045.	194,862,790.	203,796,823.	198,681,786.	1006530099.
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.						1006530099.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	211,838,655.	197,350,045.	194,862,790.	203,796,823.	198,681,786.	1006530099.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,807.	19,189.	13,676.	17,840.	21,467.	102,979.
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						1006633078.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 42,603,033.

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 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.99 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 | 15 | 99.99 %

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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).*

			Yes	No
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.*	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 ☐ 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 2015 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-2015**	**(iii) Distributable Amount for 2015**
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

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

2015

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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).

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	$ 45,130,319.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NEW YORK STATE DEPARTMENT OF HEALTH EMPIRE STATE PLAZA ALBANY, NY 12237	$ 14,507,352.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE 125 WORTH STREET NEW YORK, NY 10013	$ 122,612,416.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: PUBLIC HEALTH SOLUTIONS

Employer identification number: 13-5669201

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

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

(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

(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

(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

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

2015

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
PUBLIC HEALTH SOLUTIONS	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.		

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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) 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		66,670.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			66,670.
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 HYGIENE, 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" on 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
2015
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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________________

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.				
b Contributions	264,603.				
c Net investment earnings, gains, and losses	927.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	265,530.				

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 ▶ 99.65 %
c Temporarily restricted endowment ▶ .35 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,861,005.	3,660,896.	200,109.
d Equipment		1,279,350.	1,032,414.	246,936.
e Other		441,613.		441,613.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				888,658.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on 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	11,395,303.
(4) PENSION LIABILITY	22,796,442.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,191,745.

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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	207,465,812.
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	488,462.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	488,462.
3	Subtract line **2e** from line **1**			3	206,977,350.
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	206,977,350.

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

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

1	Total expenses and losses per audited financial statements			1	207,061,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	488,462.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	488,462.
3	Subtract line **2e** from line **1**			3	206,573,451.
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	206,573,451.

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 BELIEVES IT HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014 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 2012.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: PUBLIC HEALTH SOLUTIONS

Employer identification number: 13-5669201

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

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

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [ ] Phone solicitations
- d [X] 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 [X] 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? Yes	No	(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
WK PLANNING LTD - 207 EAST 37TH STREET 3K, NEW YORK, NY	EVENT PLANNER	X		347,933.	10,000.	337,933.
Total ▶				347,933.	10,000.	337,933.

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

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

Schedule G (Form 990 or 990-EZ) 2015

SEE PART IV FOR CONTINUATIONS

532081
09-14-15

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

		(a) Event #1 PROJECT #496 (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	347,933.			347,933.
	2 Less: Contributions	240,046.			240,046.
	3 Gross income (line 1 minus line 2)	107,887.			107,887.
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	13,825.			13,825.
	9 Other direct expenses	42,402.			42,402.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				107,887.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

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

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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)*

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

2015

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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. ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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 on 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 on 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" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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		

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 on Schedule J, report compensation from the organization on row (i) and from related organizatio
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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) ELLEN RAUTENBERG (FORMER)	(i)	244,822.	0.	0.	10,062.	4,312.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.
(2) STEVEN NEWMAN	(i)	262,741.	0.	0.	5,332.	1,092.
EXECUTIVE VP & COO	(ii)	0.	0.	0.	0.	0.
(3) JOSEPH TRAPANI	(i)	201,483.	0.	0.	5,166.	944.
DEPUTY TREASURER/CFO	(ii)	0.	0.	0.	0.	0.
(4) MARY ANN CHIASSON	(i)	189,012.	0.	0.	7,575.	11,253.
VP - RESEARCH & EVALUATION	(ii)	0.	0.	0.	0.	0.
(5) RACHEL MILLER	(i)	199,511.	0.	0.	7,449.	16,637.
VP - HIV PROGRAMS/SPECIAL	(ii)	0.	0.	0.	0.	0.
(6) JANE LEVINE	(i)	191,615.	0.	0.	2,827.	1,171.
VP - LEGAL AFFAIRS/GENERAL	(ii)	0.	0.	0.	0.	0.
(7) BENJAMIN KIM	(i)	182,584.	0.	0.	1,960.	6,138.
VP - STRATEGIC DEVELOPMENT	(ii)	0.	0.	0.	0.	0.
(8) PETER JENSEN	(i)	154,653.	0.	0.	5,202.	6,708.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.
(9) THOMAS SALVO	(i)	180,578.	0.	0.	4,154.	17,245.
VP - HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.
(10) KATHLEEN FITZPATRICK	(i)	178,472.	0.	0.	7,314.	18,250.
COMPTROLLER	(ii)	0.	0.	0.	0.	0.
(11) SANDRA WILLIAMS	(i)	143,895.	0.	0.	6,063.	1,467.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					
	(i)					
	(ii)					

Part III **Supplemental Information**

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

Part 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 $159 MILLION AND $153 MILLION IN 2015 AND 2014, 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
2015
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 ISSUES 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.

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 2, NEW PROGRAM SERVICES:

CULTURE AND HIV RISK IN A DIVERSE POPULATION (NIMHD/COLUMBIA UNIVERSITY SUBCONTRACT)

A CRITICAL ASPECT OF SEXUAL BEHAVIOR AMONG YOUNG MEN WHO HAVE SEX WITH MEN (YMSM) IS THE PROCESS OF SEXUAL SOCIALIZATION - THE PROCESS BY WHICH INDIVIDUALS GAIN KNOWLEDGE, ATTITUDES, AND NORMS ABOUT SEXUALITY, SEXUAL BEHAVIOR, AND SEXUAL RISK. SEXUAL SCRIPTS THEORY PROVIDES A FRAMEWORK TO UNDERSTAND THE SEXUAL SOCIALIZATION PROCESS, SPECIFICALLY HOW INDIVIDUALS RECEIVE CULTURAL SCENARIOS FROM EXTERNAL SOURCES (CULTURAL SCRIPTS), INTERPRET THEM (INTRAPSYCHIC SCRIPTS), AND ENACT

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THEM WITH SEXUAL PARTNERS (INTERPERSONAL SCRIPTS). TO UNDERSTAND THIS PHENOMENON AND INFORM THE DEVELOPMENT OF, AND IMPROVE, EXISTING INTERVENTIONS FOR YMSM, THIS RESEARCH STUDY WILL CONDUCT MIXED-METHODS INTERVIEWS WITH AN ETHNICALLY DIVERSE SAMPLE OF 160 URBAN YMSM. THE STUDY TEAM WILL EXAMINE SOURCES OF SEXUAL INFORMATION RETROSPECTIVELY (LIFETIME AND SIX MONTHS PRIOR TO STUDY ENROLLMENT) AND PROSPECTIVELY (6, 12, AND 18 MONTHS FOLLOWING STUDY ENROLLMENT).

FACILITATED ENROLLMENT FOR THE AGED, BLIND AND DISABLED

PHS LAUNCHED FACILITATED ENROLLMENT FOR THE AGED, BLIND, DISABLED (FE-ABD), A FIVE-YEAR INITIATIVE FUNDED BY THE NEW YORK STATE DEPARTMENT OF HEALTH. THE FE-ABD PROGRAM PROVIDES EDUCATION AND PUBLIC HEALTH INSURANCE APPLICATION ASSISTANCE TO INDIVIDUALS AGED 65 YEARS OR OLDER, CERTIFIED BLIND INDIVIDUALS AND CERTIFIED DISABLED INDIVIDUALS IN NEW YORK CITY. PHS' ENROLLMENT FACILITATORS SCREEN INDIVIDUALS FOR MEDICAID AND MEDICAID-RELATED PROGRAMS, SUBMIT APPLICATIONS TO THE NYC HUMAN RESOURCES ADMINISTRATION (HRA), AND FOLLOW UP TO ENSURE THE APPLICATIONS ARE PROCESSED SUCCESSFULLY. FE-ABD SITES ARE HANDICAP-ACCESSIBLE AND SPREAD OUT ACROSS NYC'S FIVE BOROUGHS. PHS IS THE LEAD AGENCY FOR THE FE-ABD PROGRAM, PROVIDING TRAINING, OVERSIGHT, AND TECHNICAL ASSISTANCE TO A NETWORK OF SUBCONTRACTORS THAT PROVIDE SERVICES FOR THE ABD POPULATION. IN ADDITION, ALL PHS' NAVIGATORS AND ENROLLMENT FACILITATORS ARE CROSS-TRAINED TO BOTH ASSIST CLIENTS WITH APPLICATIONS THROUGH THE NY STATE OF HEALTH MARKETPLACE AND ASSIST THE ABD POPULATION AS THEY APPLY FOR PUBLIC HEALTH INSURANCE THROUGH HRA.

IMPROVING THE NUTRITIONAL HEALTH OF YOUNG CHILDREN AND FAMILIES IN EAST HARLEM

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THE NYC DEPARTMENT OF HEALTH AND MENTAL HEALTH (NYCDOHMH) AND GROWNYC WILL MERGE THEIR EXPERTISE AND APPROACHES TO IMPROVE HEALTHY FOOD CONSUMPTION OVER A THREE-YEAR PERIOD, IN A RESEARCH TRIAL AIMED AT CAREGIVERS AND THEIR CHILDREN ATTENDING PRE-K - FIRST GRADE IN EAST HARLEM PUBLIC ELEMENTARY SCHOOLS. THE INTERVENTION WILL HAVE TWO COMPONENTS, ONE.IN THE SCHOOLS, AND ONE IN THE COMMUNITY. A CAREGIVER AND PRE-K - 1ST GRADE NUTRITION CURRICULUM WILL BE OFFERED CONCURRENTLY IN FIVE SCHOOLS: CLASSES WILL RECEIVE NUTRITION INFORMATION WITH COMMON CORE INTEGRATION AND CAREGIVERS WILL BE OFFERED A WEEKLY FREE HOT BREAKFAST WITH A SHORT HEALTH CURRICULUM AND DISTRIBUTION OF HEALTH BUCKS TO BUY FRESH FOOD BOXES. IN THE COMMUNITY, FRESH FOOD BOX DISTRIBUTION SITES AND YOUTHMARKET FARM STANDS WILL BE SET UP TO MAKE FRESH, LOCAL FOODS AVAILABLE TO THE ENTIRE COMMUNITY AND SPECIFICALLY PROMOTED IN THE COHORT SCHOOLS. TEEN-LED EDUCATION WILL REACH HUNDREDS OF COMMUNITY MEMBERS, COVERING TOPICS RANGING FROM HIGH BLOOD PRESSURE TO BETTER CHOICES AT FAST FOOD RESTAURANTS, AND COOKING DEMOS AND INCENTIVES WILL INCREASE LIKELIHOOD THAT SHOPPERS WILL PREPARE FOOD AT HOME. PHS IS SUBCONTRACTED TO EVALUATE THIS PROGRAM.

JAMAICA SOUTHEAST QUEENS HEALTHY START

PHS LAUNCHED THE JAMAICA SOUTHEAST QUEENS HEALTHY START (J/SQHS) PROGRAM, A FOUR-YEAR, NINE- MONTH INITIATIVE FUNDED BY A U.S. HEALTH RESOURCES AND SERVICE ADMINISTRATION HEALTHY START LEVEL 1 GRANT. J/SQHS WORKS TO ELIMINATE DISPARITIES IN PERINATAL HEALTH IN NEIGHBORHOODS OF SOUTHEAST QUEENS. J/SQHS ACCEPTS REFERRALS OF ALL PREGNANT AND NEWLY PARENTING WOMEN AND, THROUGH A CENTRALIZED SCREENING PROCESS, MATCHES THEM TO THE HOME-VISITING PROGRAM THAT BEST MEETS THEIR NEEDS AND PREFERENCES. VOLUNTARY HOME-VISITING AND GROUP SERVICES

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ARE AVAILABLE AT NO COST TO QUALIFIED PREGNANT WOMEN AND NEW PARENTS WHO CAN BENEFIT FROM ADDITIONAL SUPPORT. AS THE LEAD AGENCY, PHS IS MANAGING A NETWORK OF SUB-CONTRACTORS AND PARTNERS THAT PROVIDE HOME-VISITING SERVICES - NYCDOHMH'S NURSE-FAMILY PARTNERSHIP, SAFE SPACE HEALTHY FAMILIES JAMAICA, AND QUEENS COMPREHENSIVE PERINATAL COUNCIL CASE MANAGEMENT SERVICES - AND OVERSEEING THE CENTRALIZED INTAKE SYSTEM. J/SQHS ALSO MANAGES THE HEALTHY START COMMUNITY ACTION NETWORK, A NETWORK OF COMMUNITY MEMBERS, BOTH RESIDENTS AND ORGANIZATIONS THAT WORK TOGETHER AROUND A SHARED VISION AND GOALS TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES.

MOBILE MESSAGING INTERVENTION TO PRESENT NEW HIV PREVENTION OPTIONS FOR MSM

IN COLLABORATION WITH THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), EMORY UNIVERSITY, PHS, THE UNIVERSITY OF MICHIGAN, AND THE UNIVERSITY OF MINNESOTA WILL DEVELOP A NEW SET OF HIV PREVENTION MESSAGES BASED ON RIGOROUS PRELIMINARY QUALITATIVE STUDIES, REFLECTING THE CURRENT AGE OF COMBINATION BIOMEDICAL AND BEHAVIORAL PREVENTION. MOBILE TECHNOLOGY WILL BE USED TO TEST THE MESSAGES, AND TO PROVIDE LINKS BETWEEN TARGETED PREVENTION SERVICES AND SERVICE ACCESS POINTS IN ATLANTA, DETROIT, AND NEW YORK. THE PREVENTION APP THROUGH WHICH THE NEW MESSAGES WILL BE TESTED HAS ALREADY BEEN DEVELOPED, BUILDING ON A MIXED-METHODS FORMATIVE RESEARCH PROCESS THAT INCORPORATED THE INPUT OF ACADEMICS, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH DEPARTMENTS. THE CONTENT OF THE NEW MESSAGES WILL BE GUIDED BY SOCIAL COGNITIVE THEORY. ONCE DEVELOPED, THE NEW MESSAGES WILL BE TESTED IN A DELAYED-ONSET DESIGN AMONG 1206 MEN WHO HAVE SEX WITH MEN (MSM), STRATIFIED BY HIV STATUS (HIV-POSITIVE AND HIV-NEGATIVE) AND,

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AMONG HIV-NEGATIVE MEN, BY SEXUAL RISK. OUTCOMES WILL BE SELF-REPORTED HIV PREVENTION AND RISK OUTCOMES, ASSESSED AT THE END OF A THREE-MONTH INTERVENTION PERIOD.

PREP, IS IT FOR ME?

FUNDED BY GILEAD, THIS ONLINE VIDEO CAMPAIGN WILL ADDRESS THREE SPECIFIC AREAS RELATED TO THE USE OF PREP (PRE-EXPOSURE PROPHYLAXIS) BY MSM AT RISK FOR HIV: 1) KNOWLEDGE OF PREP- WHAT IT IS, HOW IT WORKS, AND WHERE YOU GET IT; 2) CONCERNS ABOUT POTENTIAL SIDE EFFECTS, BOTH PHYSICAL AND PSYCHOLOGICAL, E.G. RISK DISINHIBITION; 3) PSYCHOSOCIAL BARRIERS RELATED TO PREP ADHERENCE AND SEX SHAMING BY OTHER GAY MEN AND THOSE GENERALLY CRITICAL OF THE GAY COMMUNITY. THE CONTENT OF THE VIDEO AND PRE-POST VIDEO SURVEYS, WHICH WILL MEASURE CHANGES IN PREP KNOWLEDGE AND INTENTION TO USE PREP AFTER WATCHING THE VIDEO, WILL BE INFORMED BY LITERATURE REVIEWS, FOCUS GROUPS, AND MEETINGS WITH LOCAL STAKEHOLDERS. THE CAMPAIGN WILL BE ADVERTISED WIDELY TO NYC MSM ON SOCIAL AND SEXUAL NETWORKING SITES AND THROUGH E-MAIL BLASTS TO COMMUNITY-BASED ORGANIZATIONS (CBOS) AND AIDS SERVICE ORGANIZATIONS (ASOS). THE ADS WILL CONTAIN LINKS TO THE CAMPAIGN WEBSITE THAT WILL HOUSE THE VIDEO, SURVEYS, AND A LINK TO NYCDOHMH'S PREP EDUCATIONAL WEBSITE AND THE NYC PREP PROVIDER DIRECTORY.

VIDEO INFORMATION PROVIDER FOR HIV-ASSOCIATED NON-AIDS (VIP-HANA) SYMPTOMS

PEOPLE LIVING WITH HIV/AIDS (PLWHA) FACE NEW CHALLENGES FROM HIV-ASSOCIATED NON-AIDS (HANA) CONDITIONS SUCH AS CARDIOVASCULAR DISEASE, OSTEOPOROSIS, COPD, AND DIABETES. AN INDIVIDUAL'S ABILITY TO SELF-MANAGE THE SYMPTOMS OF HIS OR HER HIV ILLNESS HAS BEEN SHOWN TO

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DECREASE SYMPTOM SEVERITY, IMPROVE QUALITY OF LIFE, REDUCE DISABILITY, INCREASE MEDICATION ADHERENCE, AND PROMOTE HEALTH. THIS NIH-FUNDED RESEARCH EXPANDS UPON INNOVATIVE PILOT WORK THAT DEVELOPED AND TESTED A WEB-BASED SYMPTOM REPORTING AND SELF-MANAGEMENT SYSTEM, VIDEO INFORMATION PROVIDER (VIP) FOR PLWHA. THE GOAL OF THIS STUDY IS TO DEVELOP AND TEST AN INTERVENTION, THE VIP-HANA SYSTEM, A WEB APPLICATION THAT DELIVERS SELF-CARE STRATEGIES TAILORED TO SYMPTOM REPORTING, HANA CONDITION(S) AND BY GENDER.

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

IN CONTRACTS WITH HUNDREDS OF COMMUNITY-BASED ORGANIZATIONS, HOSPITALS AND CLINICS; PAID THEM ON A TIMELY BASIS; MONITORED THEIR CONTRACTS AND THEIR FINANCES; CONDUCTED DUE DILIGENCE TO INSURE THAT FUNDS WERE SPENT PURSUANT TO CONTRACT REQUIREMENTS; AND REPORTED ON SERVICES AND EXPENDITURES. PROCUREMENTS ARE CARRIED OUT AT THE DIRECTION OF NYCDOHMH.

THIS WORK IS PERFORMED UNDER A "MASTER CONTRACT" WITH NYCDOHMH THAT HAS BEEN AWARDED TO PHS/CAMS THROUGH REPEATED RE-COMPETITIONS. IN 2015, CAMS-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 AND NEW YORK CITY (FOR HIV PREVENTION), AND FROM THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) PROGRAM.

DURING 2015, CAMS MANAGED 363 RYAN WHITE AND HIV PREVENTION CONTRACTS

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ON BEHALF OF NYCDOHMH. ACTIVITIES COVERED BY THESE CONTRACTS INCLUDE MENTAL HEALTH SERVICES, PRIMARY CARE 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, INJECTION DRUG USERS HEALTH ALLIANCE, HIV HEALTH LITERACY FOR SENIORS, AND SEXUAL AND BEHAVIORAL HEALTH SERVICES FOR PRIORITY POPULATIONS MOST HEAVILY IMPACTED BY HIV.

IN DECEMBER 2015, CAMS ALSO BECAME THE MASTER CONTRACTOR FOR THE TRICOUNTY REGION OF THE RYAN WHITE SERVICE AREA, ASSUMING RESPONSIBILITY FOR THE ADMINISTRATION OF THE PORTION OF THE NEW YORK AREA'S RYAN WHITE AWARD THAT COVERS THE "TRI-COUNTY" AREA OF WESTCHESTER, ROCKLAND AND PUTNAM COUNTIES. THE REGION HAD PREVIOUSLY BEEN MANAGED THROUGH A MASTER CONTRACT BETWEEN NYCDOHMH AND THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH. TRI-COUNTY FUNDING SUPPORTS 21 SUBCONTRACTS AT 13 ORGANIZATIONS, VALUED AT $4.1 MILLION DOLLARS.

CAMS 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, CAMS' 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, CAMS ANALYZES REPORTED DATA TO DETERMINE ALLOWABLE PAYMENT, PRODUCING DETAILED EXPLANATORY REPORTS FOR CONTRACTORS. IN PERFORMANCE-BASED CONTRACTING, CAMS STAFF DOES NOT

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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, CAMS REVIEWS AND ANALYZES CONTRACTORS' AUDITED FINANCIAL STATEMENTS AND AN INFRASTRUCTURE SELF-ASSESSMENT QUESTIONNAIRE TO ENSURE THAT FUNDED ORGANIZATIONS ARE CAPABLE OF RESPONSIBLY MANAGING FEDERAL FUNDS.

CAMS 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.

CAMS 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., CAMS' EXPERIENCE CARRIES CONSIDERABLE INFLUENCE NATIONALLY. STAFF PRESENT AT CONFERENCES AND PUBLISH ARTICLES ON CAMS PAYMENT AND DATA MODELS. CAMS 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/CAMS FOR AGILE CONTRACTING OPERATIONS AS WELL AS COMPREHENSIVE ANALYSIS AND REPORTING.

MASTER ADMINISTRATOR CONTRACT: IN 2015, CAMS WAS AWARDED A NEW $80 MILLION, FOUR-YEAR MASTER ADMINISTRATOR CONTRACT BY NYCDOHMH TO PROCURE, MANAGE AND OVERSEE A DIVERSE ARRAY OF PUBLIC HEALTH PROGRAMS.

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IN CONNECTION WITH THIS CONTRACT, CAMS BEGAN THE PROCESS OF ISSUING THE FOLLOWING REQUESTS FOR PROPOSALS IN 2015, FOR CONTRACTS THAT WILL BEGIN IN 2016:

-CANCER PREVENTION NAVIGATION PROGRAM AND MOBILE MAMMOGRAPHY

-DECREASING DEPRESSION AND INCREASING SOCIAL CONNECTEDNESS AMONG NYC'S OLDER ADULTS

-DEVELOPMENTAL DISABILITY-CLINIC SERVICES

-DEVELOPMENTAL DISABILITY VOCATIONAL SERVICES

-EXPANDING BUPRENORPHINE ACCESS IN PRIMARY CARE SETTINGS

-FAMILY PLANNING SERVICES

-FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT)

-HIV PREVENTION

-IMPROVING HEALTH EQUITY AND MATERNAL AND INFANT HEALTH OUTCOMES, COMPONENTS A & B

-MANAGING ASTHMA IN DAY CARE SETTINGS

-NEW YORK CITY SUPPORT (365/24/7 CRISIS INTERVENTION AND PREVENTION HOTLINE)

-PROMOTING SEXUAL AND REPRODUCTIVE JUSTICE THROUGH COMMUNITY-BASED ACTIVITIES

-RECREATIONAL AND SOCIALIZATION SERVICES FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS

-TECHNICAL ASSISTANCE TO NEW YORK CITY HOSPITALS TO ACHIEVE "BABY-FRIENDLY" DESIGNATION TO PROMOTE BREASTFEEDING

CRISIS MANAGEMENT SYSTEMS (CURE VIOLENCE INITIATIVE): IN 2015, CAMS CONTRACTED WITH GANGSTAS MAKING ASTRONOMICAL COMMUNITY CHANGE (GMACC) AND MANUP!, INC. TO PROVIDE ADMINISTRATIVE, FINANCIAL, TECHNICAL SUPPORT AND CAPACITY-BUILDING SERVICES INCLUDING:

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-OVERSEEING AND MANAGING FISCAL FUNCTIONS, INCLUDING PROCUREMENT AND MAINTENANCE OF AN ACCOUNTING SYSTEM AND BANK ACCOUNTS;

-APPROVING AND PAYING PROGRAM EXPENSES AND ASSISTING IN PREPARING AND OVERSEEING 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 MANUP!, INC. AND NYCDOHMH;

-PROVIDING GENERAL ADVICE, OVERSIGHT AND TECHNICAL ASSISTANCE TO ENSURE COMPLIANCE WITH CRISIS MANAGEMENT SYSTEMS PROGRAM REQUIREMENTS, INCLUDING CORPORATE GOVERNANCE, POLICIES AND PRACTICES AND GRANTS MANAGEMENT;

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

-ADVISING AND ASSISTING IN ESTABLISHING AN AGREEMENT WITH AN OUTSIDE PAYROLL PROCESSING FIRM TO PAY GMACC'S AND MANUP!, INC.'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.

BOTH GMACC AND MANUP!, INC. RECEIVED NYC GOVERNMENT-SPONSORED CRISIS MANAGEMENT SYSTEMS FUNDING, INCLUDING FUNDING 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

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VIOLENCE.

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP): CAMS APPLIED FOR AND WAS AWARDED A CONTRACT IN 2015 TO SERVE AS THIRD-PARTY ADMINISTRATOR TO SUPPORT HEALTHCARE INNOVATION FOR NYC HEALTH + HOSPITAL'S PERFORMING PROVIDER SYSTEM (PPS), ONE OF NEW YORK STATE'S LARGEST DSRIP PROVIDERS. WORK WILL BEGIN IN 2016.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT AND SUBMISSION OF ALL ADMINISTRATIVE AND FISCAL REPORTING DOCUMENTATION REQUIRED BY THE CDC, THE FEDERAL ENTITY THAT ADMINISTERS BOTH PROJECTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: 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 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 2015, PHS DISTRIBUTED APPROXIMATELY $43.5 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

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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 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

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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 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

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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 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 IX, LINE 11G, OTHER FEES:

PATIENT CARE:

PROGRAM SERVICE EXPENSES	220,910.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	220,910.

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PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	1,173,264.
MANAGEMENT AND GENERAL EXPENSES	108,845.
FUNDRAISING EXPENSES	1,798.
TOTAL EXPENSES	1,283,907.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	19,538,866.
MANAGEMENT AND GENERAL EXPENSES	18,473.
FUNDRAISING EXPENSES	63,097.
TOTAL EXPENSES	19,620,436.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	21,125,253.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION LIABILITY ADJUSTMENT	-345,656.

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.

PART III LINE 2:

CULTURE AND HIV RISK IN A DIVERSE POPULATION (NIMHD/COLUMBIA UNIVERSITY SUBCONTRACT)

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A CRITICAL ASPECT OF SEXUAL BEHAVIOR AMONG YOUNG MEN WHO HAVE SEX WITH MEN (YMSM) IS THE PROCESS OF SEXUAL SOCIALIZATION - THE PROCESS BY WHICH INDIVIDUALS GAIN KNOWLEDGE, ATTITUDES, AND NORMS ABOUT SEXUALITY, SEXUAL BEHAVIOR, AND SEXUAL RISK. SEXUAL SCRIPTS THEORY PROVIDES A FRAMEWORK TO UNDERSTAND THE SEXUAL SOCIALIZATION PROCESS, SPECIFICALLY HOW INDIVIDUALS RECEIVE CULTURAL SCENARIOS FROM EXTERNAL SOURCES (CULTURAL SCRIPTS), INTERPRET THEM (INTRAPSYCHIC SCRIPTS), AND ENACT THEM WITH SEXUAL PARTNERS (INTERPERSONAL SCRIPTS). TO UNDERSTAND THIS PHENOMENON AND INFORM THE DEVELOPMENT OF, AND IMPROVE, EXISTING INTERVENTIONS FOR YMSM, THIS RESEARCH STUDY WILL CONDUCT MIXED-METHODS INTERVIEWS WITH AN ETHNICALLY DIVERSE SAMPLE OF 160 URBAN YMSM. THE STUDY TEAM WILL EXAMINE SOURCES OF SEXUAL INFORMATION RETROSPECTIVELY (LIFETIME AND SIX MONTHS PRIOR TO STUDY ENROLLMENT) AND PROSPECTIVELY (6, 12, AND 18 MONTHS FOLLOWING STUDY ENROLLMENT).

FACILITATED ENROLLMENT FOR THE AGED, BLIND AND DISABLED

PHS LAUNCHED FACILITATED ENROLLMENT FOR THE AGED, BLIND, DISABLED (FE-ABD), A FIVE-YEAR INITIATIVE FUNDED BY THE NEW YORK STATE DEPARTMENT OF HEALTH. THE FE-ABD PROGRAM PROVIDES EDUCATION AND PUBLIC HEALTH INSURANCE APPLICATION ASSISTANCE TO INDIVIDUALS AGED 65 YEARS OR OLDER, CERTIFIED BLIND INDIVIDUALS AND CERTIFIED DISABLED INDIVIDUALS IN NEW YORK CITY. PHS' ENROLLMENT FACILITATORS SCREEN INDIVIDUALS FOR MEDICAID AND MEDICAID-RELATED PROGRAMS, SUBMIT APPLICATIONS TO THE NYC HUMAN RESOURCES ADMINISTRATION (HRA), AND FOLLOW UP TO ENSURE THE APPLICATIONS ARE PROCESSED SUCCESSFULLY. FE-ABD SITES ARE HANDICAP-ACCESSIBLE AND SPREAD OUT ACROSS NYC'S FIVE BOROUGHS. PHS IS THE LEAD AGENCY FOR THE FE-ABD PROGRAM, PROVIDING TRAINING, OVERSIGHT, AND TECHNICAL ASSISTANCE TO A NETWORK OF SUBCONTRACTORS THAT PROVIDE

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SERVICES FOR THE ABD POPULATION. IN ADDITION, ALL PHS' NAVIGATORS AND ENROLLMENT FACILITATORS ARE CROSS-TRAINED TO BOTH ASSIST CLIENTS WITH APPLICATIONS THROUGH THE NY STATE OF HEALTH MARKETPLACE AND ASSIST THE ABD POPULATION AS THEY APPLY FOR PUBLIC HEALTH INSURANCE THROUGH HRA.

IMPROVING THE NUTRITIONAL HEALTH OF YOUNG CHILDREN AND FAMILIES IN EAST HARLEM

THE NYC DEPARTMENT OF HEALTH AND MENTAL HEALTH (NYCDOHMH) AND GROWNYC WILL MERGE THEIR EXPERTISE AND APPROACHES TO IMPROVE HEALTHY FOOD CONSUMPTION OVER A THREE-YEAR PERIOD, IN A RESEARCH TRIAL AIMED AT CAREGIVERS AND THEIR CHILDREN ATTENDING PRE-K - FIRST GRADE IN EAST HARLEM PUBLIC ELEMENTARY SCHOOLS. THE INTERVENTION WILL HAVE TWO COMPONENTS, ONE.IN THE SCHOOLS, AND ONE IN THE COMMUNITY. A CAREGIVER AND PRE-K - 1ST GRADE NUTRITION CURRICULUM WILL BE OFFERED CONCURRENTLY IN FIVE SCHOOLS: CLASSES WILL RECEIVE NUTRITION INFORMATION WITH COMMON CORE INTEGRATION AND CAREGIVERS WILL BE OFFERED A WEEKLY FREE HOT BREAKFAST WITH A SHORT HEALTH CURRICULUM AND DISTRIBUTION OF HEALTH BUCKS TO BUY FRESH FOOD BOXES. IN THE COMMUNITY, FRESH FOOD BOX DISTRIBUTION SITES AND YOUTHMARKET FARM STANDS WILL BE SET UP TO MAKE FRESH, LOCAL FOODS AVAILABLE TO THE ENTIRE COMMUNITY AND SPECIFICALLY PROMOTED IN THE COHORT SCHOOLS. TEEN-LED EDUCATION WILL REACH HUNDREDS OF COMMUNITY MEMBERS, COVERING TOPICS RANGING FROM HIGH BLOOD PRESSURE TO BETTER CHOICES AT FAST FOOD RESTAURANTS, AND COOKING DEMOS AND INCENTIVES WILL INCREASE LIKELIHOOD THAT SHOPPERS WILL PREPARE FOOD AT HOME. PHS IS SUBCONTRACTED TO EVALUATE THIS PROGRAM.

JAMAICA SOUTHEAST QUEENS HEALTHY START

PHS LAUNCHED THE JAMAICA SOUTHEAST QUEENS HEALTHY START (J/SQHS)

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PROGRAM, A FOUR-YEAR, NINE- MONTH INITIATIVE FUNDED BY A U.S. HEALTH RESOURCES AND SERVICE ADMINISTRATION HEALTHY START LEVEL 1 GRANT. J/SQHS WORKS TO ELIMINATE DISPARITIES IN PERINATAL HEALTH IN NEIGHBORHOODS OF SOUTHEAST QUEENS. J/SQHS ACCEPTS REFERRALS OF ALL PREGNANT AND NEWLY PARENTING WOMEN AND, THROUGH A CENTRALIZED SCREENING PROCESS, MATCHES THEM TO THE HOME-VISITING PROGRAM THAT BEST MEETS THEIR NEEDS AND PREFERENCES. VOLUNTARY HOME-VISITING AND GROUP SERVICES ARE AVAILABLE AT NO COST TO QUALIFIED PREGNANT WOMEN AND NEW PARENTS WHO CAN BENEFIT FROM ADDITIONAL SUPPORT. AS THE LEAD AGENCY, PHS IS MANAGING A NETWORK OF SUB-CONTRACTORS AND PARTNERS THAT PROVIDE HOME-VISITING SERVICES - NYCDOHMH'S NURSE-FAMILY PARTNERSHIP, SAFE SPACE HEALTHY FAMILIES JAMAICA, AND QUEENS COMPREHENSIVE PERINATAL COUNCIL CASE MANAGEMENT SERVICES - AND OVERSEEING THE CENTRALIZED INTAKE SYSTEM. J/SQHS ALSO MANAGES THE HEALTHY START COMMUNITY ACTION NETWORK, A NETWORK OF COMMUNITY MEMBERS, BOTH RESIDENTS AND ORGANIZATIONS THAT WORK TOGETHER AROUND A SHARED VISION AND GOALS TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES.

MOBILE MESSAGING INTERVENTION TO PRESENT NEW HIV PREVENTION OPTIONS FOR MSM

IN COLLABORATION WITH THE FEDERAL CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), EMORY UNIVERSITY, PHS, THE UNIVERSITY OF MICHIGAN, AND THE UNIVERSITY OF MINNESOTA WILL DEVELOP A NEW SET OF HIV PREVENTION MESSAGES BASED ON RIGOROUS PRELIMINARY QUALITATIVE STUDIES, REFLECTING THE CURRENT AGE OF COMBINATION BIOMEDICAL AND BEHAVIORAL PREVENTION. MOBILE TECHNOLOGY WILL BE USED TO TEST THE MESSAGES, AND TO PROVIDE LINKS BETWEEN TARGETED PREVENTION SERVICES AND SERVICE ACCESS POINTS IN ATLANTA, DETROIT, AND NEW YORK. THE PREVENTION APP THROUGH

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WHICH THE NEW MESSAGES WILL BE TESTED HAS ALREADY BEEN DEVELOPED, BUILDING ON A MIXED-METHODS FORMATIVE RESEARCH PROCESS THAT INCORPORATED THE INPUT OF ACADEMICS, COMMUNITY-BASED ORGANIZATIONS, AND HEALTH DEPARTMENTS. THE CONTENT OF THE NEW MESSAGES WILL BE GUIDED BY SOCIAL COGNITIVE THEORY. ONCE DEVELOPED, THE NEW MESSAGES WILL BE TESTED IN A DELAYED-ONSET DESIGN AMONG 1206 MEN WHO HAVE SEX WITH MEN (MSM), STRATIFIED BY HIV STATUS (HIV-POSITIVE AND HIV-NEGATIVE) AND, AMONG HIV-NEGATIVE MEN, BY SEXUAL RISK. OUTCOMES WILL BE SELF-REPORTED HIV PREVENTION AND RISK OUTCOMES, ASSESSED AT THE END OF A THREE-MONTH INTERVENTION PERIOD.

PREP, IS IT FOR ME?

FUNDED BY GILEAD, THIS ONLINE VIDEO CAMPAIGN WILL ADDRESS THREE SPECIFIC AREAS RELATED TO THE USE OF PREP (PRE-EXPOSURE PROPHYLAXIS) BY MSM AT RISK FOR HIV: 1) KNOWLEDGE OF PREP- WHAT IT IS, HOW IT WORKS, AND WHERE YOU GET IT; 2) CONCERNS ABOUT POTENTIAL SIDE EFFECTS, BOTH PHYSICAL AND PSYCHOLOGICAL, E.G. RISK DISINHIBITION; 3) PSYCHOSOCIAL BARRIERS RELATED TO PREP ADHERENCE AND SEX SHAMING BY OTHER GAY MEN AND THOSE GENERALLY CRITICAL OF THE GAY COMMUNITY. THE CONTENT OF THE VIDEO AND PRE-POST VIDEO SURVEYS, WHICH WILL MEASURE CHANGES IN PREP KNOWLEDGE AND INTENTION TO USE PREP AFTER WATCHING THE VIDEO, WILL BE INFORMED BY LITERATURE REVIEWS, FOCUS GROUPS, AND MEETINGS WITH LOCAL STAKEHOLDERS. THE CAMPAIGN WILL BE ADVERTISED WIDELY TO NYC MSM ON SOCIAL AND SEXUAL NETWORKING SITES AND THROUGH E-MAIL BLASTS TO COMMUNITY-BASED ORGANIZATIONS (CBOS) AND AIDS SERVICE ORGANIZATIONS (ASOS). THE ADS WILL CONTAIN LINKS TO THE CAMPAIGN WEBSITE THAT WILL HOUSE THE VIDEO, SURVEYS, AND A LINK TO NYCDOHMH'S PREP EDUCATIONAL WEBSITE AND THE NYC PREP PROVIDER DIRECTORY.

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VIDEO INFORMATION PROVIDER FOR HIV-ASSOCIATED NON-AIDS (VIP-HANA) SYMPTOMS

PEOPLE LIVING WITH HIV/AIDS (PLWHA) FACE NEW CHALLENGES FROM HIV-ASSOCIATED NON-AIDS (HANA) CONDITIONS SUCH AS CARDIOVASCULAR DISEASE, OSTEOPOROSIS, COPD, AND DIABETES. AN INDIVIDUAL'S ABILITY TO SELF-MANAGE THE SYMPTOMS OF HIS OR HER HIV ILLNESS HAS BEEN SHOWN TO DECREASE SYMPTOM SEVERITY, IMPROVE QUALITY OF LIFE, REDUCE DISABILITY, INCREASE MEDICATION ADHERENCE, AND PROMOTE HEALTH. THIS NIH-FUNDED RESEARCH EXPANDS UPON INNOVATIVE PILOT WORK THAT DEVELOPED AND TESTED A WEB-BASED SYMPTOM REPORTING AND SELF-MANAGEMENT SYSTEM, VIDEO INFORMATION PROVIDER (VIP) FOR PLWHA. THE GOAL OF THIS STUDY IS TO DEVELOP AND TEST AN INTERVENTION, THE VIP-HANA SYSTEM, A WEB APPLICATION THAT DELIVERS SELF-CARE STRATEGIES TAILORED TO SYMPTOM REPORTING, HANA CONDITION(S) AND BY GENDER.

PART III LINE 2:

VIEWER ATTITUDES ABOUT PREP USE IN SEXUALLY EXPLICIT MEDIA (PREVIEW)

TECHNOLOGICAL INNOVATIONS IN THE PRODUCTION AND DISTRIBUTION OF SEXUALLY EXPLICIT MEDIA (SEM) HAVE RESULTED IN WIDESPREAD AVAILABILITY AND CONSUMPTION ON THE INTERNET. ADVANCES IN HIV TREATMENT AND BIOMEDICAL PREVENTION (I.E., PREP) HAVE MADE IT INCREASINGLY POSSIBLE FOR SEM PRODUCERS TO MEET CONSUMER DEMANDS FOR VIDEOS FEATURING CONDOMLESS SEX. INDEED, MUCH OF THE SEM PRODUCED AND DISTRIBUTED TODAY FEATURES CONDOMLESS VAGINAL OR ANAL SEX. WIDESPREAD UPTAKE OF PREP IN THE SEM INDUSTRY IS AN IMPORTANT STEP TO PREVENTING HIV ACQUISITION AND TRANSMISSION AMONG PERFORMERS. HOWEVER, RESEARCH IS NEEDED TO BETTER UNDERSTAND VIEWER PERCEPTIONS ABOUT THE CURRENT STATE OF SEM (E.G.,

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POTENTIAL NORMALIZATION OF VIEWING HIGH-RISK BEHAVIOR), AWARENESS OF PREP, AND ATTITUDES TOWARD PREP UPTAKE IN THE SEM INDUSTRY. ONLINE, THE PROJECT WILL RECRUIT AND SURVEY APPROXIMATELY 1,500 MEN AND WOMEN IN THE U.S., STRATIFIED BY SEXUAL ORIENTATION, ABOUT THESE ISSUES. THIS ONE-YEAR STUDY IS SUPPORTED WITH FUNDING FROM THE FOUNDATION FOR THE SCIENTIFIC STUDY OF SEXUALITY (AWARDED NOVEMBER 2014).

VIRTUAL VENUES: EXAMINING HIV RISK PERCEPTION AND MANAGEMENT ON- AND OFF-LINE AMONG MEN WHO HAVE SEX WITH MEN IN ABIDJAN, COTE D'IVOIRE

DESPITE THE INTERNET'S INCREASING IMPORTANCE AS A VENUE FOR MEN WHO HAVE SEX WITH MEN (MSM) SEEKING SEX PARTNERS, LITTLE IS KNOWN ABOUT THE IMPACT OF ONLINE VENUES ON HIV RISK BEHAVIOR OUTSIDE THE US AND EUROPEAN CONTEXT. THIS PROJECT EXAMINES THE RISK BEHAVIOR AND COUNTRY-CONTEXT EMBEDDED IN THE ONLINE EXPERIENCES OF IVOIRIAN MSM AND TRANSVESTITE, WHOSE USE OF THE INTERNET IS UNDERSTUDIED, AND ASKS HOW A SEX-SEEKING VENUE IMPACTS THE WAYS IN WHICH MEN MANAGE AND PERCEIVE THEIR RISK FOR HIV. USING AN ANONYMOUS ONLINE SURVEY, AND SEMI-STRUCTURED INTERVIEWS, THIS PROJECT WILL AIM TO UNDERSTAND THE ON- AND OFF-LINE EXPERIENCES OF MSM AND TRAVESTIS IN ABIDJAN.

FORM 990, PART III,LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES:

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

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NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, FORMERLY KNOWN AS FOOD STAMPS. FROM 2001 TO 2015, AS A NEW YORK STATE-FUNDED FACILITATED ENROLLMENT AGENCY, PHS ENROLLED OR RENEWED OVER 120,000 INDIVIDUALS IN PUBLIC HEALTH INSURANCE. IN 2015, 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 APPLICATION PROCESS. IN 2015, PHS ENROLLED OR RENEWED CLOSE TO 15,500 NEW YORK CITY AND LONG ISLAND INDIVIDUALS AND FAMILIES INTO HEALTH INSURANCE ON THE NEW YORK STATE OF HEALTH EXCHANGE. AS OF 2015, PHS' ACCESS TO HEALTH AND FOOD BENEFITS PROGRAM ALSO OPERATES THE FACILITATED ENROLLMENT PROGRAM FOR THE AGED, BLIND AND DISABLED DESCRIBED IN PART III, LINE 2 -- NEW PROGRAM SERVICES.

EARLY INTERVENTION SERVICE COORDINATION (EISC): PUBLIC HEALTH SOLUTIONS' EARLY INTERVENTION SERVICE COORDINATION PROGRAM PROVIDES INITIAL AND ONGOING SERVICE COORDINATION TO NYC FAMILIES WITH INFANTS AND TODDLERS WITH KNOWN OR SUSPECTED DEVELOPMENTAL DELAYS OR DISABILITIES. SERVICE COORDINATORS HELP FAMILIES OBTAIN COMPREHENSIVE EVALUATIONS, DEVELOP INDIVIDUAL FAMILY SERVICE PLANS (IFSP), AND ACCESS EARLY INTERVENTION SERVICES AND OTHER SERVICES IDENTIFIED IN THEIR IFSP. EACH YEAR, THE PROGRAM SERVES OVER 6,000 FAMILIES BY ASSISTING THEM WITH OBTAINING COMPREHENSIVE EVALUATIONS, IDENTIFYING APPROPRIATE TREATMENT PROVIDERS AND MONITORING THE TIMELY DELIVERY OF APPROVED SERVICES. THE PROGRAM'S 75 MULTILINGUAL SERVICE COORDINATORS WORK WITH FAMILIES IN THEIR HOMES, OR AT ANY OTHER LOCATION CONVENIENT TO THEM,

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TO SUPPORT THEM TO UNDERSTAND THIS COMPLEX PROGRAM, AND TO APPROPRIATELY ACCESS EARLY INTERVENTION AND OTHER COMMUNITY SERVICES.

HEALTHY FOOD INITIATIVES: IN 2015, 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 JAMAICA, QUEENS. 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, THE HEALTHY FOOD RETAIL NETWORKING GROUP AND THE NYC FARMERS MARKET ALLIANCE.

MATERNAL AND CHILD HEALTH PROGRAMS: 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 1000 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 FOR 14 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 800 FAMILIES. BOTH PROGRAMS HAVE BEEN SHOWN TO MEASURABLY IMPROVE HEALTH OUTCOMES FOR MOTHERS AND THEIR CHILDREN. PHS ALSO OPERATES THE QUEENS MATERNAL INFANT COMMUNITY HEALTH COLLABORATIVE, A FIVE-YEAR, NYS DEPARTMENT OF HEALTH-FUNDED

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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. SINCE 2013, THE PROGRAM HAS SERVED OVER 200 WOMEN OF REPRODUCTIVE AGE. AS OF 2015, PHS' MATERNAL CHILD HEALTH UNIT ALSO OPERATES THE JAMAICA SOUTHEAST QUEENS HEALTHY START PROGRAM DESCRIBED IN PART III, LINE 2 -- NEW PROGRAM SERVICES.

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 50 YEARS, SERVING NEARLY 4,000 MEN AND 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. IN 2015, MIC ACHIEVED NATIONAL COMMISSION ON QUALITY ASSURANCE (NCQA) LEVEL TWO PATIENT CENTERED SPECIALTY PRACTICE RECOGNITION, WHICH RECOGNIZES PRACTICES THAT DEMONSTRATE PATIENT-CENTERED AND HIGH-QUALITY CARE.

NYC SMOKE-FREE: NYC SMOKE-FREE WORKS TO PROTECT THE HEALTH OF NEW YORKERS THROUGH TOBACCO CONTROL POLICY, ADVOCACY, AND EDUCATION. FORMERLY THE NYC COALITION FOR A SMOKE-FREE CITY, WE PARTNER WITH COMMUNITY MEMBERS, LEGISLATORS, AND HEALTH ADVOCATES TO SUPPORT LOCAL EFFORTS TO END THE DEVASTATING TOBACCO EPIDEMIC THROUGHOUT THE BRONX, BROOKLYN, MANHATTAN, AND QUEENS. WE BELIEVE EVERY NEW YORKER HAS THE RIGHT TO BREATHE CLEAN, SMOKE-FREE AIR WHERE THEY LIVE, WORK AND PLAY. THE GOALS OF NYC SMOKE-FREE ARE TO: ENGAGE YOUTH AND COMMUNITY PARTNERS TO BUILD SUPPORT FOR A SMOKE-FREE CITY AND END TOBACCO HEALTH

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DISPARITIES; LIMIT YOUTH EXPOSURE AND ACCESS TO MARKETING AND SALES OF TOBACCO PRODUCTS; EXPAND SMOKE-FREE HOUSING AND INCREASE ACCESS TO SMOKE-FREE AFFORDABLE HOUSING; AND INCREASE THE NUMBER OF SMOKE-FREE SPACES.

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 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.

IN ADDITION, PHS OPERATES THE FAMILY PLANNING CAPACITY BUILDING PROGRAM (FPCBP), A 20-MONTH QUALITY IMPROVEMENT COLLABORATIVE THAT AIMS TO IMPROVE CONTRACEPTIVE SERVICE PROVISION AT FOUR NON-TITLE X-FUNDED

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FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) IN NEW YORK CITY AND, IN SO DOING, REDUCE UNINTENDED PREGNANCIES AMONG WOMEN SEEKING PRIMARY CARE AT THOSE PRACTICES. THE OBJECTIVE OF THE COLLABORATIVE WAS TO INCREASE THE UPTAKE OF EFFECTIVE CONTRACEPTIVE METHODS AMONG WOMEN NOT SEEKING PREGNANCY WHO RECEIVE PRIMARY CARE AT FQHCS. THE COLLABORATIVE FACILITATED IMPROVEMENT ACTIVITIES AMONG PARTICIPATING SITES THROUGH COACHING, TRAINING, AND TECHNICAL ASSISTANCE. PARTICIPATING SITES IMPLEMENTED CLINICAL, OPERATIONAL, AND ADMINISTRATIVE IMPROVEMENTS AND CREATED SUSTAINABLE INFRASTRUCTURE ALIGNED WITH CONTRACEPTIVE BEST PRACTICES TO INCREASE ANNUAL PREGNANCY INTENTION SCREENING AND EFFECTIVE CONTRACEPTIVE METHOD USE. SUCCESSES OF THE COLLABORATIVE INCLUDE: DOCUMENTATION OF ANNUAL PREGNANCY INTENTION SCREENING INCREASED FROM 3% TO 80% AMONG WOMEN OF REPRODUCTIVE AGE; AND INITIATION AND CONTINUATION OF AN EFFECTIVE CONTRACEPTIVE METHOD INCREASED FROM 2% TO 55% AMONG WOMEN NOT SEEKING PREGNANCY.

FORM 990, PART III,LINE 4D:

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 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.

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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 OVER 1,500 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.

IN 2015, PHS WAS AWARDED $2.8 MILLION ANNUALLY FOR THREE YEARS (2016-2019) -- BEGINNING MARCH 2016 -- IN RESPONSE TO ITS COMPETITIVE RENEWAL APPLICATION SUBMITTED TO NEW YORK STATE'S VENDOR MANAGEMENT AGENCY FOR THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM RFP. PHS WAS AWARDED FUNDS TO EXPAND THE PROGRAM TO ADDITIONAL COUNTIES INCLUDING MANHATTAN, ORANGE AND ROCKLAND COUNTIES, AND TO CONTINUE TO OVERSEE QUEENS, BROOKLYN, STATEN ISLAND, NASSAU AND SUFFOLK COUNTIES.

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:

OBESITY RESEARCH

FIRST STEPS TO HEALTHY LIVING: EVALUATION OF NEW YORK STATE EARLY

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CHILDHOOD OBESITY PREVENTION PROGRAMS IS A 4.5 YEAR PROJECT FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE NYS HEALTH FOUNDATION WITH SALLY FINDLEY, COLUMBIA UNIVERSITY PI MARY ANN CHIASSON, CO-PI, AND JACKSON SEKHOBO, PHD, NEW YORK STATE DEPARTMENT OF HEALTH, CO-I. THE PRIMARY GOAL OF THE PROJECT IS TO ASSESS THE IMPACT OF THE NEW WIC FOOD PACKAGE IMPLEMENTED ON JANUARY 5, 2009 ON FRUIT, VEGETABLE, WHOLE GRAIN, AND LOW-FAT MILK CONSUMPTION, INITIATION AND DURATION OF BREASTFEEDING, AND CHILD WEIGHT/HEIGHT AMONG WIC PARTICIPANTS. THIS PROJECT IS IN THE FINAL PHASE OF DATA ANALYSIS.

PROFILES OF PARTICIPATION IN WIC AND OTHER HEALTHY LIVING PROGRAMS FOR PRE-SCHOOLERS IN NEW YORK IS A ONE-YEAR RENEWAL GRANT FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION. THIS GRANT WILL FUND: 1) A STUDY OF 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 WAS COMPLETED IN NOVEMBER 2015. THIS PROJECT IS ALSO IN ITS FINAL ANALYSIS STAGE.

STARTING EARLY CHILDHOOD OBESITY PREVENTION INITIATIVE: THIS FIVE-YEAR STUDY IS A RANDOMIZED CONTROLLED TRIAL (RCT) 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. THESE WOMEN ARE

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LOW-INCOME LATINAS WHO SPEAK EITHER ENGLISH OR SPANISH AND WHO PLAN TO RECEIVE PEDIATRIC CARE AT BELLEVUE OR GOUVERNEUR. THE INTERVENTION, "STARTING EARLY," CONSISTS OF SEVERAL COMPONENTS: 1) A 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) IT'S NEVER TOO EARLY: FEEDING YOUR BABY WELL: THE PUBLIC HEALTH SOLUTIONS CULTURALLY-SPECIFIC BILINGUAL EARLY NUTRITION VIDEO INCORPORATED IN FAMILY GROUP DISCUSSIONS; 4) PLAIN LANGUAGE HANDOUTS: GIVEN BY THE CHILD'S PEDIATRICIAN TO REINFORCE THE CURRICULUM FROM THE FAMILY GROUPS. BASELINE AND PERIODIC FOLLOW-UP SURVEYS WILL MEASURE THE EFFECTIVENESS OF THE INTERVENTION. ENROLLMENT WAS A THREE-STEP PROCESS, WHICH BEGAN ON JULY 9, 2012 AND ENDED DECEMBER 31, 2014. THE FIRST BABIES OF RANDOMIZED MOTHERS WERE BORN IN OCTOBER 2012. THE INTERVENTION COUNSELING AND SUPPORT GROUPS ARE ONGOING AND THE CURRICULUM INCLUDES "BETWEEN TWO PLATES/ENTRE DOS PLATOS" -- THE PHS HEALTHY SHOPPING VIDEO.

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

THE OFFICE OF WOMEN'S HEALTH (OWH) IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FUNDED FIVE CONTRACTS DIRECTED AT IDENTIFYING AND TESTING EFFECTIVE AND INNOVATIVE WAYS TO REDUCE OBESITY IN LESBIAN AND BISEXUAL WOMEN. THE EFFORT BUILDS ON THE ONGOING EMPHASIS ON THE IMPORTANCE OF ACHIEVING AND MAINTAINING A HEALTHY WEIGHT IN ALL CHILDREN AND ADULTS, AND IS IN LINE WITH THE OWH MISSION TO PROVIDE NATIONAL LEADERSHIP AND COORDINATION DIRECTED AT IMPROVING THE HEALTH OF WOMEN AND GIRLS THROUGH POLICY, EDUCATION, AND MODEL PROGRAMS. THE

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PROJECTS IN PLACE IN COMMUNITIES ACROSS THE UNITED STATES ARE TARGETED AT LESBIAN AND BISEXUAL WOMEN 40 YEARS AND OLDER AT RISK FOR (OR WITH) HEART DISEASE, CANCER, DIABETES, MUSCULOSKELETAL PROBLEMS, ASTHMA, AND OTHER MORBIDITIES RELATED TO OVERWEIGHT AND OBESITY. THE INTERVENTIONS FOCUS ON ACTIVITY AND NUTRITION WITH THE GOALS OF IMPROVING HEALTH, HEALTHY BEHAVIORS, AND FITNESS. PUBLIC HEALTH SOLUTIONS IS A SUBCONTRACTOR OF THE CDM GROUP ON THIS GRANT, TO PROVIDE TECHNICAL ASSISTANCE AND DATA ANALYSIS FOR THE FIVE SITES.

HIV PREVENTION RESEARCH

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, WAS THE FIRST ONLINE DRAMATIC HIV PREVENTION VIDEO THAT HAS BEEN EVALUATED AND PROVED TO REDUCE HIGH-RISK BEHAVIOR. TO DATE, THESE HIV PREVENTION VIDEOS FOR GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (MSM) HAVE BEEN VIEWED MORE THAN 146,000 TIMES ONLINE.

SCALE-UP OF AN INTERNET-DELIVERED RANDOMIZED CONTROLLED TRIAL FOR HIV+ MEN: PHS IS CONDUCTING AN ONLINE VIDEO-BASED INTERVENTION FOR HIV+ MSM WHO HAVE CONDOMLESS ANAL SEX WITH PARTNERS WHO ARE HIV-NEGATIVE OR WHO

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DO NOT KNOW THEIR HIV STATUS. THE GOAL OF THIS NIH-FUNDED INTERVENTION IS TO REDUCE CONDOMLESS 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. THE INTERVENTION AND CONTROL ARMS WILL BOTH RECEIVE 10 VIDEOS. TO DATE, PHS HAS PRODUCED A SIX-EPISODE HIV PREVENTION VIDEO SERIES TITLED JUST A GUY THAT WILL BE DELIVERED AS PART OF THE INTERVENTION ARM OF THE STUDY. THE REMAINING INTERVENTION VIDEOS ARE BEING EDITED FROM HIV BIG DEAL'S ASK ME, TELL ME VIDEOS AND FROM FRED SAYS (A CHARITABLE ORGANIZATION FOR HIV+ YOUTH). TEN CONTROL VIDEOS HAVE BEEN SELECTED FROM VIMEO AND ARE HEALTH-RELATED.

FORM 990, PART III,LINE 4D:

USING TECHNOLOGY TO MATCH YOUNG BLACK MSM TO HIV TESTING OPTIONS: THIS NIH GRANT, SUBMITTED BY THE NEW YORK BLOOD CENTER, WAS FUNDED IN 2013. PHS HAS A SUBCONTRACT ON THIS GRANT. 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

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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. PHASE 1A (IN-PERSON INTERVIEWS) HAS BEEN COMPLETED BY COLLABORATORS FROM THE NEW YORK BLOOD CENTER AND SUNY BINGHAMTON.

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE PROGRAM: HRSA FUNDED THE COMMUNITY HEALTHCARE NETWORK (CHN) 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 NEW YORK CITY 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. OVER THE FIVE-YEAR CONTRACT PERIOD, CHN AIMS TO RECEIVE 792 PROGRAM REFERRALS TO THE TWEET CARE PROJECT AND ENROLL 198 HIV+ TRANSGENDER WOMEN OF COLOR CLIENTS INTO HIV CARE. PUBLIC HEALTH SOLUTIONS IS CONDUCTING THE EVALUATION FOR THIS PROJECT IN ORDER TO DEFINE BEST PRACTICES FOR THE ENGAGEMENT, TRAINING, AND SUPPORT OF PATIENTS TO BECOME PEER LEADERS AND TO SUSTAIN IMPROVED

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HEALTH.

STAPHYLOCOCCAL SKIN 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 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. THIS STUDY LAUNCHED IN NOVEMBER 2013.

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

GIVEN THE UNRELENTING HIV CRISIS AMONG 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 HIV SELF-TEST KITS ON REPEAT HIV TESTING, LINKAGE TO CARE, PARTNER TESTING, SEROSORTING, AND

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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 WILL GUIDE THE DEVELOPMENT OF PUBLIC-HEALTH POLICY AND PROGRAMS ON THE DISSEMINATION AND USE OF OTC RAPID ORAL HIV SELF-TESTS AND WILL ASSIST IN DEVELOPING FUTURE RESEARCH AND 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 IN THIS STUDY.

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; 3) RESPONDENTS' OPINIONS ABOUT THE STUDY MATERIALS, PACKAGING AND INSTRUCTIONS FOR CONDUCTING SELF-TEST ACTIVITIES. FINDINGS FROM PHASE ONE ARE CURRENTLY BEING ANALYZED. PHASE TWO OF THE STUDY 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. FINDINGS FROM PHASE TWO ARE CURRENTLY BEING ANALYZED. THE GOAL OF PHASE THREE WAS TO EVALUATE THE PERFORMANCE OF THE HIV SELF-TEST KITS BY MSM IN REAL WORLD SETTINGS BY SENDING PARTICIPANTS (RECRUITED ONLINE) A PACKAGE

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CONTAINING TEST KITS AND A DBS SPECIMEN 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).

REPRODUCTIVE HEALTH RESEARCH

REDUCING THE BURDEN OF TEEN & UNINTENDED PREGNANCY IN THE SOUTHWEST BRONX --

IMPROVING ACCESS & DECISION-MAKING: THIS ONE-YEAR PROJECT WAS FUNDED BY THE NEW YORK COMMUNITY TRUST IN JULY 2014, 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 IS BEING IMPLEMENTED IN THE SOUTH BRONX, WHICH INCLUDES NEIGHBORHOODS WITH THE HIGHEST PROPORTION OF TEEN PREGNANCIES IN NEW YORK CITY. THIS PROJECT AIMS TO ESTABLISH COMMUNITY PARTNERSHIPS AND CLINICAL LINKAGES IN THE SOUTH BRONX TO REACH TEENS AND YOUNG WOMEN, AND DISSEMINATE INFORMATION ABOUT THE APP TO HELP TEENS AND YOUNG WOMEN ACCESS REPRODUCTIVE HEALTH CARE. LINKAGES HAVE BEEN MADE WITH COMMUNITY AND CLINICAL PARTNERS, INCLUDING THE NYC HEALTH & HOSPITALS CORPORATION. REDESIGN AND REPROGRAMMING OF THE CONTRACEPTIVE APP IS COMPLETED. FIELD TESTING IS UNDERWAY. THE LINK TO THE APP WAS SHARED WITH ALL PHS STAFF FOR TESTING AND THEN LAUNCHED PUBLICLY.

FORM 990, PART III,LINE 4D:

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE PROGRAM (SPNS):

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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.

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

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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 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:

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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.