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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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 $ 202,082,087

F Name and address of principal officer
ELLEN RAUTENBERG
40 WORTH STREET 5TH FLOOR
NEW YORK, NY 10013

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

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**	26
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 2013 (Part V, line 2a)	**5**	869
6	Total number of volunteers (estimate if necessary)	**6**	0
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
8	Contributions and grants (Part VIII, line 1h)	196,756,633	194,246,808
9	Program service revenue (Part VIII, line 2g)	7,765,299	7,713,062
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,189	13,676
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)	204,541,121	201,973,546
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)	41,299,165	45,938,523
16a	Professional fundraising fees (Part IX, column (A), line 11e)	36,790	10,600
b	Total fundraising expenses (Part IX, column (D), line 25) ▶321,017		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	161,573,126	153,150,075
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	202,909,081	199,099,198
19	Revenue less expenses Subtract line 18 from line 12	1,632,040	2,874,348

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	45,651,976	48,002,608
21	Total liabilities (Part X, line 26)	73,358,028	64,510,667
22	Net assets or fund balances Subtract line 21 from line 20	-27,706,052	-16,508,059

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 — 2014-11-13 Date

▶ STEVEN NEWMAN 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				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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

PUBLIC HEALTH SOLUTIONS IS A LEADER IN THE FIELDS OF PUBLIC HEALTH AND SOCIAL SERVICES, MERGING RESEARCH AND ACTION FOCUSING ON CREATING INNOVATIVE AND SCALABLE SOLUTIONS TO SIGNIFICANT PUBLIC HEALTH PROBLEMS (SEE SCHEDULE O FOR MORE INFORMATION)

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 117,555,329 including grants of $) (Revenue $)

HIV CARE SERVICES - (SEE SCHEDULE O FOR MORE INFORMATION)

4b (Code) (Expenses $ 29,316,389 including grants of $) (Revenue $)

PUBLIC HEALTH EMERGENCY PREPAREDNESS AND HOSPITAL PREPAREDNESS PROGRAM - (SEE SCHEDULE O FOR MORE INFORMATION)

4c (Code) (Expenses $ 10,164,284 including grants of $) (Revenue $)

NEIGHBORHOOD WIC PROGRAM - (SEE SCHEDULE O FOR MORE INFORMATION)

(Code) (Expenses $ 35,309,948 including grants of $) (Revenue $ 7,713,062)

4d Other program services (Describe in Schedule O)

(Expenses $ 35,309,948 including grants of $) (Revenue $ 7,713,062)

4e **Total program service expenses** ▶ 192,345,950

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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		No
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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		No
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
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 so, complete Schedule L, Part II*	**26**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
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**	Yes	

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	133		
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	869		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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			No
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	26		
	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**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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**		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ JOSEPH TRAPANI 40 WORTH STREET 5TH FLOOR
NEW YORK, NY 10013 (646) 619-6408

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,538,434	0	338,073

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 ▶ 18

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
STARLIMS CORPORATION 319 BROADWAY NEW YORK NY 10013	LAB SYSTEM/COMPUTER MAINTENANCE	614,442
ICF INCORPORATED PO BOX 536259 PHILADELPHIA PA 15253	PROFESSIONAL SERVICES AND TECH SOLUTIONS	578,751
RDE SYSTEM SUPPORT GROUP 44 CEDAR CLIFF DRIVE WAYNE NJ 07470	PROGRAM DEVELOPMENT/MAINTENANCE	526,667
HN MEDIA 275 MADISON AVE SUITE 2200 NEW YORK NY 11016	MEDIA PLANNING	526,105
NAGARRO 226 AIRPORT PARKWAY SUITE 390 SAN JOSE CA 95110	SOFTWARE DEVELOPMENT	381,016

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 ▶ 30

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	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	268,516			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	174,068,078			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,910,214			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		194,246,808			
Program Service Revenue			Business Code				
	2a	THIRD PARTY SUPPORT	624100	6,167,393	6,167,393		
	b	MEDICAID/THIRD PARTY	624000	1,062,064	1,062,064		
	c	OTHER REVENUE	900099	414,360	414,360		
	d	THIRD PARTY SUPPORT	900099	69,245	69,245		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		7,713,062			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,676			13,676
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	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) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ 268,516 of contributions reported on line 1c) See Part IV, line 18 . .	a 108,541				
	b	Less direct expenses . . .	b 108,541				
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		201,973,546	7,713,062	0	13,676

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,135,908	504,679	1,524,434	106,795
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,081,907	32,612,507	2,406,153	63,247
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,042,251	1,948,212	93,861	178
9 Other employee benefits	3,980,838	3,587,646	380,377	12,815
10 Payroll taxes	2,697,619	2,413,148	273,136	11,335
11 Fees for services (non-employees)				
a Management				
b Legal	87,441		87,441	
c Accounting	165,140		165,140	
d Lobbying	30,339		30,339	
e Professional fundraising services See Part IV, line 17	10,600			10,600
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,703,699	17,513,252	108,435	82,012
12 Advertising and promotion	1,438,521	1,438,521		
13 Office expenses	5,195,521	4,866,985	302,941	25,595
14 Information technology				
15 Royalties . .				
16 Occupancy	6,399,005	5,654,747	744,258	
17 Travel	452,873	426,206	26,509	158
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	96,940	88,491	4,409	4,040
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	190,478	170,364	20,114	
23 Insurance	282,188	222,713	59,475	
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	118,148,962	118,148,962		
b MAINTENANCE AND REPAIRS	2,054,883	1,972,206	81,181	1,496
c RECRUITING AND TRAINING	564,059	477,547	85,515	997
d SUNDRY	340,026	299,764	38,513	1,749
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	199,099,198	192,345,950	6,432,231	321,017
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		24,401,973	2	31,222,422
	3	Pledges and grants receivable, net		17,693,788	3	13,299,084
	4	Accounts receivable, net		2,300,934	4	1,328,724
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		68,837	8	81,465
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,819,554			
	b	Less accumulated depreciation	10b 4,486,057	482,925	10c	333,497
	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		703,519	15	1,737,416
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		45,651,976	16	48,002,608
Liabilities	17	Accounts payable and accrued expenses		38,043,261	17	27,118,921
	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		3,010,000	23	1,810,000
	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		32,304,767	25	35,581,746
	26	**Total liabilities.** Add lines 17 through 25		73,358,028	26	64,510,667
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-27,965,310	27	-17,633,143
	28	Temporarily restricted net assets		259,258	28	1,125,084
	29	Permanently restricted net assets			29	
		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		-27,706,052	33	-16,508,059
	34	Total liabilities and net assets/fund balances		45,651,976	34	48,002,608

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	201,973,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,099,198
3	Revenue less expenses Subtract line 2 from line 1	3	2,874,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-27,706,052
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	8,323,645
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,508,059

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
	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	Yes	
	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 ☑ 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	Yes	
	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	219,483,192	212,399,069	210,961,523	196,756,633	194,246,808	1,033,847,225
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	933,125	874,783	877,132	593,412	615,982	3,894,434
4 **Total.** Add lines 1 through 3	220,416,317	213,273,852	211,838,655	197,350,045	194,862,790	1,037,741,659
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						1,037,741,659

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	220,416,317	213,273,852	211,838,655	197,350,045	194,862,790	1,037,741,659
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,292	20,938	30,807	19,189	13,676	105,902
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						1,037,847,561

12 Gross receipts from related activities, etc (see instructions)	12	48,402,016

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 990 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99 990 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

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

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the 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		
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-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		30,339
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			30,339
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	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 DEPARTMENT OF HEALTH AND MENTAL HEALTH, NEW YORK CITY COUNCIL AND HUMAN RESOURCES ADMINISTRATION, AND THE DEPARTMENT OF SOCIAL SERVICES AS REQUESTED FROM TIME TO TIME

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" to Form 990, Part IV, line 7.

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

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

		Held at the End of the 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, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,609,274	3,323,494	285,780
d Equipment		1,210,280	1,162,563	47,717
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				333,497

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ADVANCES FROM GOVERNMENT AND OTHER AGENCIES	18,890,565
PENSION LIABILITY	16,673,497
CAPITAL LEASE OBLIGATIONS	17,684
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,581,746

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	202,589,528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	615,982		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	615,982
3	Subtract line **2e** from line **1**			3	201,973,546
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	201,973,546

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	199,715,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	615,982		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	615,982
3	Subtract line **2e** from line **1**			3	199,099,198
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	199,099,198

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

Return Reference	Explanation
PART X, LINE 2	PUBLIC HEALTH SOLUTIONS HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2013 AND 2012 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 2010

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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

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

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

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 PROJECT #496 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	377,057			377,057
	2 Less Contributions	268,516			268,516
	3 Gross income (line 1 minus line 2)	108,541			108,541
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,477			10,477
	7 Food and beverages	38,750			38,750
	8 Entertainment	23,784			23,784
	9 Other direct expenses	35,530			35,530
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(108,541)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated 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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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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" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification 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 in 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, 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 for any additional information

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-5669201
Name: PUBLIC HEALTH SOLUTIONS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ELLEN RAUTENBERG PRESIDENT & CEO	(I) (II)	285,567 0	0 0	0 0	23,294 0	8,281 0	317,142 0	0 0
STEVEN NEWMAN EXECUTIVE VP & COO	(I) (II)	231,340 0	0 0	0 0	23,291 0	1,037 0	255,668 0	0 0
LOUISE COHEN VP - PUBLIC HEALTH PROGRAMS	(I) (II)	205,096 0	0 0	0 0	20,004 0	810 0	225,910 0	0 0
JOSEPH TRAPANI DEPUTY TREASURER/CFO	(I) (II)	175,489 0	0 0	0 0	17,839 0	854 0	194,182 0	0 0
MARY ANN CHIASSON VP - RESEARCH & EVALUATION	(I) (II)	171,794 0	0 0	0 0	17,462 0	15,393 0	204,649 0	0 0
RACHEL MILLER VP - HIV PROGRAMS/SPECIAL INITIATIVE	(I) (II)	174,444 0	0 0	0 0	17,079 0	22,581 0	214,104 0	0 0
JANE LEVINE VP - LEGAL AFFAIRS/GENERAL COUNSEL	(I) (II)	173,576 0	0 0	0 0	16,953 0	1,497 0	192,026 0	0 0
DESIREE BUNCH VP - HUMAN RESOURCES	(I) (II)	164,462 0	0 0	0 0	16,577 0	1,712 0	182,751 0	0 0
BENJAMIN KIM VP - STRATEGIC DEVELOPMENT	(I) (II)	166,173 0	0 0	0 0	16,479 0	8,022 0	190,674 0	0 0
PETER JENSEN CHIEF INFORMATION OFFICER	(I) (II)	137,019 0	0 0	0 0	13,911 0	7,870 0	158,800 0	0 0
TONI LIQUORI EXEC DIR - SCHOOL FOOD FOCUS	(I) (II)	144,950 0	0 0	0 0	13,421 0	10,561 0	168,932 0	0 0
KATHLEEN FITZPATRICK DEPUTY COMPTROLLER	(I) (II)	131,400 0	0 0	0 0	3,299 0	22,231 0	156,930 0	0 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THOMAS A FARLEY	BOARD MEMBER	138,980,908	SEE PART V		No
(2) ALAN AVILES	BOARD MEMBER	641,637	SEE PART V		No
(3) BARBARA A GREEN	BOARD MEMBER	137,000	SEE PART V		No
(4) EMME LEVIN DELAND	BOARD MEMBER	505,000	SEE PART V		No
(5) CHRISTINA CHANG	BOARD MEMBER	752,766	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	THOMAS A FARLEY - EX-OFFICIO BOARD MEMBER AND COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE ALAN AVILES - EX-OFFICIO BOARD MEMBER AND EXECUTIVE DIRECTOR OF THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATIONEMME L DELAND - BOARD MEMBER AND SVP OF STRATEGY NEW YORK PRESBYTERIAN HOSPITALBARBARA GREEN - BOARD MEMBER AND SVP OF HEALTH BUSINESS CATALYST OF GREATER NEW YORK HOSPITAL ASSOCIATIONCHRISTINA CHANG - BOARD MEMBER AND VICE PRESIDENT OF PUBLIC AFFAIRS OF PLANNED PARENTHOOD OF NEW YORK CITY, INC AS A MAJOR STAKEHOLDER IN NEW YORK CITY'S PUBLIC HEALTH ARENA, PUBLIC HEALTH SOLUTIONS SEEKS AND OBTAINS DIRECTOR CANDIDATES FROM A WIDE RANGE OF HOSPITALS, UNIVERSITIES, CIVIC ORGANIZATIONS AND OTHER ORGANIZATIONS IN NEW YORK CITY THAT ARE IN THE HEALTH FIELD OR ARE OTHERWISE CONNECTED TO PUBLIC HEALTH IN ADDITION, ARTICLE 1, SECTIONS 2 AND 4 OF PUBLIC HEALTH SOLUTIONS' BY-LAWS MANDATE THE APPOINTMENT OF THREE LOCAL PUBLIC HEALTH OFFICIALS AS EX-OFFICIO DIRECTORS THE COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF HEALTH, THE PRESIDENT 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 $141 MILLION AND $160 MILLION IN 2013 AND 2012, 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

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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 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

2013

Open to Public Inspection

Name of the organization
PUBLIC HEALTH SOLUTIONS

Employer identification number
13-5669201

Return Reference	Explanation
PART I, LINE 1	DESCRIPTION OF THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE MISSION OF PUBLIC HEALTH SOLUTIONS (PHS) IS TO IMPROVE THE HEALTH OF THE PUBLIC IN NEW YORK CITY AND BEYOND THROUGH SERVICE DELIVERY, RESEARCH, CAPACITY-BUILDING AND POLICY ANALYSIS ONE OF THE LARGEST NONPROFITS IN NEW YORK CITY, PHS ADDRESSES CRITICAL PUBLIC HEALTH NEEDS SUCH AS FOOD SECURITY AND NUTRITION, WOMEN'S REPRODUCTIVE HEALTH, HIV PREVENTION AND CARE, HEALTHCARE ACCESS AND QUALITY, CHILD DEVELOPMENT, AND TOBACCO CONTROL A NATIONALLY RECOGNIZED PUBLIC HEALTH INSTITUTE, PHS HAS A LONG HISTORY OF POLICY, RESEARCH, PROGRAMMATIC, AND INFRASTRUCTURE SUCCESSES THAT HAVE RESULTED IN IMPROVED HEALTH OUTCOMES ACROSS A RANGE OF PUBLIC HEALTH AREAS ITS SERVICE DELIVERY PROGRAMS ANNUALLY SERVE CLOSE TO 80,000 LOW-INCOME AND AT-RISK INDIVIDUALS AND FAMILIES IN NEW YORK AND MORE THAN FOUR MILLION SCHOOL CHILDREN NATIONWIDE FOR MORE THAN 50 YEARS, PHS HAS LED THE QUEST FOR INNOVATION AND PROGRESS IN COMMUNITY HEALTH THROUGH DIRECT AND CONTRACTED SERVICES TO IMPROVE POPULATION HEALTH, WITH A FOCUS ON DISPARITIES IN ACCESS AND OUTCOMES, CAPACITY- AND ORGANIZATION-BUILDING SUPPORT FOR THE NONPROFIT AND GOVERNMENTAL SECTORS, AND CUTTING-EDGE RESEARCH AND EVALUATION ACROSS A RANGE OF PUBLIC HEALTH AREAS

Return Reference	Explanation
PART III, LINE 1	DESCRIPTION OF THE ORGANIZATION'S MISSION PUBLIC HEALTH SOLUTIONS IS A LEADER IN THE FIELDS OF PUBLIC HEALTH AND SOCIAL SERVICES, 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 THOSE PROGRAMS TO ENSURE THEIR CONTINUED 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, INFORMATION TECHNOLOGY, AND OFFICE SPACE

Return Reference	Explanation
FORM 990, PART III, LINE 2	ACCESS TO HEALTH AND FOOD BENEFITS PUBLIC HEALTH SOLUTIONS' ACCESS TO HEALTH AND FOOD BENEFITS PROGRAM HELPS INDIVIDUALS AND FAMILIES OBTAIN HEALTH INSURANCE COVERAGE, INCLUDING MEDICAID AND CHILD HEALTH PLUS, AS WELL AS PRIVATE COVERAGE THROUGH THE HEALTH INSURANCE MARKETPLACE IT ALSO ASSISTS THOSE IN NEED OF ADEQUATE FOOD TO APPLY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, FORMERLY KNOWN AS FOOD STAMPS FROM 2001 TO 2013, AS A NEW YORK STATE-FUNDED FACILITATED ENROLLMENT AGENCY, PHS WAS SUCCESSFUL IN ENROLLING OVER 80,000 INDIVIDUALS IN PUBLIC HEALTH INSURANCE IN 2013, PHS LEVERAGED AND BUILT UPON THIS INFRASTRUCTURE AND EXPERIENCE TO SUCCESSFULLY TRANSITION TO A HEALTH INSURANCE NAVIGATOR PROGRAM AS PART OF THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT PHS SECURED NEW FUNDING FROM THE NEW YORK STATE DEPARTMENT OF HEALTH, THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES - CENTERS FOR MEDICARE AND MEDICAID SERVICES, AND THE NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION TO EXPAND ITS NAVIGATOR PROGRAM THROUGHOUT NEW YORK CITY AND LONG ISLAND, AS WELL AS TO HUDSON AND ESSEX COUNTIES IN NEW JERSEY 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 APPLICATIONS PROCESS SCHOOL FOOD FOCUS FOCUS IS THE COUNTRY'S LEADING SCHOOL FOOD REFORM PROGRAM A NATIONAL COLLABORATIVE NETWORK, FOCUS IS UNIQUE IN ITS APPROACH TO LEVERAGING THE KNOWLEDGE AND PROCUREMENT POWER OF LARGE SCHOOL DISTRICTS TO MAKE SCHOOL MEALS MORE HEALTHFUL, REGIONALLY SOURCED, AND SUSTAINABLY PRODUCED ITS 36 MEMBER DISTRICTS SERVE MORE THAN FOUR MILLION STUDENTS ACROSS THE NATION FOCUS AIMS TO TRANSFORM FOOD SYSTEMS TO SUPPORT STUDENTS' ACADEMIC ACHIEVEMENT AND LIFELONG HEALTH, WHILE DIRECTLY BENEFITING REGIONAL ECONOMIES, FOOD SYSTEM WORKERS, AND THE ENVIRONMENT FOCUS LAUNCHED TWO MULTI-YEAR, MULTI-DISTRICT PROCUREMENT CHANGE EFFORTS IN 2013 SOUTHERN REGIONAL LEARNING LAB THE SOUTHERN REGIONAL LEARNING LAB (SRLL) IS DESIGNED TO LEVERAGE EXPERTISE AND PURCHASING POWER TO BRING PROCUREMENT CHANGE TO A RANGE OF DISTRICT PARTICIPANTS IN FIVE SOUTHERN STATES WITH AN EMPHASIS ON LARGE SCHOOL DISTRICTS AND DRAWING ON THE LESSONS OF FOCUS' INITIAL SINGLE-DISTRICT LEARNING LABS (IN CHICAGO, DENVER AND ST PAUL) AND THE CURRENT SEVEN-DISTRICT UPPER MIDWEST REGIONAL LEARNING LAB, THE WORK OF THE SRLL IS EXPECTED TO IMPACT MORE THAN A HALF MILLION STUDENTS THE SRLL WILL WORK WITH THE PARTICIPATING SCHOOL DISTRICTS AND THEIR PARTNERS TO HELP SECURE THE CHANGES THEY WANT TO SEE IN FOODS THEY PRIORITIZE FOR PURCHASE RATHER THAN TAILORING THE CHANGES TO EACH DISTRICT (AND SENDING MULTIPLE MESSAGES INTO THE MARKETPLACE), THE AIM IS TO BRING THE SRLL DISTRICTS TO CONSENSUS ABOUT THE CHANGES TO LEVERAGE THEIR COMBINED PURCHASING POWER ON A SELECT NUMBER OF FOODS IN THIS WAY, SRLL STAFF AND PARTICIPANTS WILL BE ABLE TO APPROACH THE SUPPLIERS IN A MUCH STRONGER POSITION TO EXPLORE WHICH FOODS - IN MORE HEALTHFUL, REGIONAL AND SUSTAINABLE FORMS - COULD ACTUALLY BE AVAILABLE TO SCHOOLS AT A PRICE THAT THEY CAN AFFORD THIS COOPERATIVE MULTI-DISTRICT APPROACH TO PROCUREMENT ALTERS THE REGIONAL SUPPLY CHAIN, CONCENTRATING ON WHAT THE DISTRICTS CAN DO TOGETHER THAT THEY CANNOT ACCOMPLISH ALONE CALIFORNIA SUPPLY CHAIN DISCOVERY THE SCHOOL FOOD FOCUS NATIONAL PROCUREMENT INITIATIVE (NPI) IS A COLLABORATIVE EFFORT AMONG 15 SCHOOL DISTRICTS WORKING TO SHIFT LARGE-SCALE NATIONAL SUPPLY CHAINS TOWARDS MORE HEALTHFUL, REGIONAL, AND SUSTAINABLE PROCUREMENT COLLECTIVELY, THESE DISTRICTS SERVE NEARLY TWO MILLION CHILDREN NATIONWIDE WORKING AT BOTH THE NATIONAL AND REGIONAL LEVEL, THE NPI IS WORKING TO SHIFT PROCUREMENT OF CHICKEN (THE LEADING SCHOOL FOOD "CENTER OF THE PLATE" PROTEIN) TO SOURCES THAT ARE HEALTHIER ON THE PLATE AND THE ENVIRONMENT IN CALIFORNIA, THREE NPI DISTRICTS HAVE COME TOGETHER TO EXPLORE OPPORTUNITIES AT THE REGIONAL LEVEL TOGETHER, OAKLAND UNIFIED (OUSD), SAN DIEGO UNIFIED (SDUSD), AND RIVERSIDE UNIFIED (RUSD) SCHOOL DISTRICTS SERVE OVER 200,000 STUDENTS AND SPEND $2 3 MILLION ON CHICKEN PROCUREMENT EVERY SCHOOL YEAR DURING 2013, FOCUS CONDUCTED SUPPLY CHAIN DISCOVERY OF CALIFORNIA CHICKEN PRODUCTION THE GOAL OF THE DISCOVERY PROCESS WAS TO FIND OPPORTUNITIES IN HEALTHFUL AND SUSTAINABLE CHICKEN PROCUREMENT WITHIN CALIFORNIA

Return Reference	Explanation	
	PART III, LINE 4A	DESCRIPTION OF HIV CARE SERVICES SINCE 1991, PUBLIC HEALTH SOLUTIONS' HIV CARE SERVICES P ROGRAM (HIVCS) HAS PARTNERED WITH THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYCDOHM H) TO ADMINISTER HIV/AIDS CARE, TREATMENT AND PREVENTION FUNDING THIS WORK IS PERFORMED U NDER A "MASTER CONTRACT" WITH NYCDOHMH THAT HAS BEEN AWARDED TO PHS/ HIVCS THROUGH REPEATE D RE-COMPETITIONS IN 2013, HIVCS-ADMINISTERED CONTRACTS RECEIVED FEDERAL RYAN WHITE FUNDI NG (PART A AND MINORITY AIDS INITIATIVE, ADMINISTERED BY THE US DEPARTMENT OF HEALTH AND H UMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION, OR HRSA), AS WELL AS FUNDING FROM THE FEDERAL CENTERS FOR DISEASE CONTROL (FOR HIV PREVENTION), AND FROM THE U S DEPAR TMENT OF HOUSING AND URBAN DEVELOPMENT'S HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) PROGRAM ADDITIONAL FUNDING IS PROVIDED BY THE CITY OF NEW YORK FOR HIV/AIDS PREVENTION INITIATIVES TARGETING INJECTION DRUG USERS, FAITH-BASED INSTITUTIONS AND COMMUNITIES OF CO LOR ON BEHALF OF NYCDOHMH, HIVCS MANAGES THE ISSUANCE OF REQUESTS FOR PROPOSALS AND SUBCO NTRACT AWARDS, DRIVES NEGOTIATIONS AND PAYMENTS, AND MONITORS COMPLIANCE WITH CONTRACT TER MS AND CONDITIONS, INCLUDING PERFORMANCE AGAINST DELIVERABLES A RIGOROUS CONTINUOUS QUALI TY IMPROVEMENT APPROACH, UNDERGIRDED BY STATE-OF-THE-ART INFORMATION SYSTEMS, ENABLES HIVC S TO MEASURE AND ENHANCE ITS OWN WORK USING A VARIETY OF PERFORMANCE METRICS IN 2013, HIV CS MANAGED 320 CONTRACTS ON BEHALF OF NYCDOHMH ACTIVITIES COVERED BY THESE CONTRACTS INCL UDE MENTAL HEALTH SERVICES, PRIMARY CARE AND MEDICATIONS, HIV TESTING, HOUSING SERVICES, L EGAL SERVICES, FOOD AND NUTRITION, HARM REDUCTION AND SUBSTANCE ABUSE TREATMENT, SEXUAL AN D BEHAVIORAL HEALTH INTERVENTIONS, STRUCTURAL AND SYSTEM-LEVEL INTERVENTIONS FOR HIV PREVE NTION, CONDOM DISTRIBUTION, MEDICAL CASE MANAGEMENT, HOME CARE, AND FAITH-BASED PROGRAMS HIVCS RECEIVED A BUDGET REDUCTION OF MORE THAN 15% IN 2013, DUE PRIMARILY TO CUTS IN THE C ITY'S FEDERAL RYAN WHITE GRANT AND REDUCTIONS IN CERTAIN HIV PREVENTION INITIATIVES THE R YAN WHITE REDUCTION WAS DUE TO FEDERAL BUDGET SEQUESTRATION MEASURES AS WELL AS A CORRECTI ON FOR AN ERROR HRSA IDENTIFIED IN ITS OWN COMPUTATION OF OUR AWARD IN THE THREE PREVIOUS FISCAL YEARS HIVCS AND NYCDOHMH TRACKED THE IMPACT OF BUDGET CUTS ON SUBCONTRACTORS, WHER E REDUCED SERVICES AND LAYOFFS WERE THE MOST COMMON EFFECTS HIVCS ISSUED A REQUEST FOR PR OPOSALS (RFP) IN 2013 FOR APPROXIMATELY $9 95 MILLION IN RYAN WHITE-FUNDED HOUSING PROGRAM S WITH MARCH 2014 START DATES HOUSING PROGRAMS INCLUDE SHORT-TERM RENTAL ASSISTANCE, TRAN SITIONAL AND EMERGENCY HOUSING AND HOUSING PLACEMENT ASSISTANCE ALL AWARDEES ARE NEW YORK CITY NONPROFIT ORGANIZATIONS IN 2013, HIVCS' PLANNING AND INFORMATICS TEAM EXPANDED ITS PROGRAMMING TO IMPORT DATA FROM AN EXTRACT OF DATA FROM THE CITY'S E-SHARE DATA SYSTEM HI VCS USES THE DATA FOR THE PURPOSES OF CONTRACT PAYMENT, MONITORING AND ANALYSIS HIVCS CON TINUES TO EXPAND AND FORTIFY ITS STATE-OF-THE-ART INFORMATION SYSTEMS FOR ADDITIONAL FUNCT IONALITY AND ROBUSTNESS HIVCS REIMBURSES RYAN WHITE AND PREVENTION CONTRACTORS USING A CU TTING-EDGE APPROACH TO PERFORMANCE EVALUATION, ALIGNING PAYMENT WITH THE DELIVERY OF CONTR ACTUALLY-REQUIRED SERVICES UNLIKE MOST RYAN WHITE PAYERS, HIVCS' PERFORMANCE-BASED PAYMEN T SYSTEM REIMBURSES CONTRACTORS FOR REPORTED SERVICES OR ENROLLMENTS, ACCORDING TO A NEGOT IATED FEE SCHEDULE RATHER THAN REPORTED EXPENDITURES USING A COMBINATION OF AUTOMATED AND IN-PERSON REVIEWS, HIVCS ANALYZES REPORTED DATA TO DETERMINE ALLOWABLE PAYMENT, PRODUCING DETAILED EXPLANATORY REPORTS FOR CONTRACTORS IN PERFORMANCE-BASED CONTRACTING, HIVCS STA FF DOES NOT MONITOR ADHERENCE TO APPROVED BUDGET OR EXPENDITURES, BUT DOES AUDIT DOCUMENTA TION OF SERVICES OR DELIVERABLES TO INSURE COMPLIANCE WITH PROGRAMMATIC AND DOCUMENTATION REQUIREMENTS FUNDS MAY BE RECOUPED FOR SERVICES THAT LACK APPROPRIATE DOCUMENTATION OR WH OSE DOCUMENTATION DISCLOSED NONCOMPLIANCE WITH CONTRACTUAL REQUIREMENTS IN ADDITION, HIVC S REVIEWS CONTRACTOR BUDGETS TO ENSURE ADHERENCE TO FEDERAL AND FUNDING SOURCE-SPECIFIC CO ST ALLOWABILITY REGULATIONS A MID-YEAR REVIEW -- SOON TO BE YEAR-END, IN RESPONSE TO COMM ENTS FROM FEDERAL AND INTERNAL AUDITORS -- OF CONTRACTORS' EXPENDITURE REPORTS PROVIDES FU RTHER ASSURANCE OF COMPLIANCE WITH THESE RULES AS WELL AS ALIGNMENT OF REIMBURSEMENT RATES WITH ACTUAL COSTS IN ADDITION, HIVCS REVIEWS AND ANALYZES CONTRACTORS' AUDITED FINANCIAL STATEMENTS TO ENSURE THAT FUNDED ORGANIZATIONS ARE CAPABLE OF RESPONSIBLY MANAGING FEDERA L FUNDS HIVCS MANAGES ITS HIV/AIDS FUNDS AGGRESSIVELY TO MAXIMIZE SPENDING ON BUDGETED SE RVICES 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 FED

Return Reference	Explanation	
	PART III, LINE 4A	ERAL FUNDERS AND COMMUNITY PLANNERS AND AVOIDING STEEP FUNDING PENALTIES IN 2013, HIVCS C ONDUCTED A CUSTOMER SATISFACTION SURVEY RESPONDENTS REPORTED HIGH RATES OF SATISFACTION, WITH 88% REPORTING THAT HIVCS HAD MET OR EXCEEDED THEIR EXPECTATIONS PARTICULAR AREAS OF SATISFACTION INCLUDED STAFF RESPONSIVENESS, SITE VISITS, MONTHLY REPORTING AND ASSISTANCE WITH OUTLINING AND IMPLEMENTING CORRECTIVE ACTION THE NYCDOHMH BUREAU OF INTERNAL AUDIT C ONDUCTED A COMPREHENSIVE REVIEW OF HIVCS FISCAL POLICIES AND PROCEDURES IN 2013 THE NEARL Y YEAR-LONG REVIEW DETERMINED THAT PAYMENTS WERE MADE IN ACCORDANCE WITH ESTABLISHED HIVCS POLICIES AND PROCEDURES, AND THERE WERE ADEQUATE INTERNAL CONTROLS AND RECORDING OF PAYME NTS HIVCS CONTINUES TO SERVE AS A RESOURCE FOR HIV/AIDS FUNDERS AND SERVICE PROVIDERS AS MASTER CONTRACTOR FOR THE LARGEST HIV/AIDS RYAN WHITE GRANTS IN THE U S , HIVCS' EXPERIEN CE CARRIES CONSIDERABLE INFLUENCE NATIONALLY STAFF OFTEN PRESENT AT CONFERENCES AND PUBLI SH ARTICLES ON HIVCS PAYMENT AND DATA MODELS HIVCS IS UNIQUELY QUALIFIED TO PROVIDE PROGR AMMATIC AND FINANCIAL INFORMATION TO THE COMMUNITY PLANNING BODY THAT SETS PRIORITIES AND BUDGETS FOR RYAN WHITE FUNDING, AND NYCDOHMH LOOKS TO PHS/HIVCS FOR AGILE CONTRACTING OPER ATIONS AS WELL AS COMPREHENSIVE ANALYSIS AND REPORTING

Return Reference	Explanation
PART III, LINE 4B	DESCRIPTION OF PUBLIC HEALTH EMERGENCY PREPARDNESS PROGRAM PUBLIC HEALTH SOLUTIONS IS THE FISCAL AND ADMINISTRATIVE AGENT FOR THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (NYC DOHMH) FOR THE ALIGNED PUBLIC HEALTH EMERGENCY PREPAREDNESS HOSPITAL PREPAREDNESS PROGRAM (PHEP-HPP) COOPERATIVE AGREEMENTS THE SECOND BUDGET PERIOD OF THE CURRENT FIVE-YEAR PROJECT PERIOD (7/1/12 -- 6/30/17) BEGAN ON 7/1/13 WITH A SLIGHT DECREASE IN THE TOTAL FUNDING AMOUNT FOR THE PERIOD 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 DEVELOPMENT AND SUBMISSION OF ALL ADMINISTRATIVE AND FISCAL REPORTING DOCUMENTATION REQUIRED BY THE U S CENTERS FOR DISEASE CONTROL AND PREVENTION

Return Reference	Explanation
PART III, LINE 4C	DESCRIPTION OF NEIGHBORHOOD WIC PROGRAM (WIC) ESTABLISHED NEARLY 40 YEARS AGO, PUBLIC HEALTH SOLUTIONS' WIC PROGRAM, THE LARGEST WIC PROGRAM IN NYS, PROVIDES SUPPLEMENTAL FOODS, NUTRITION EDUCATION, BREASTFEEDING SUPPORT, AND COUNSELING ABOUT DIET AND EXERCISE TO OVER 48,000 LOW-INCOME PREGNANT WOMEN, INFANTS AND CHILDREN (UP TO AGE 5) AT NINE WIC CENTERS THROUGHOUT NEW YORK CITY EVERY YEAR WIC STAFF MONITORS PARTICIPANTS' HEIGHT AND WEIGHT, CHILDREN'S IMMUNIZATION STATUS, AND REFERS THEM AS NEEDED FOR OTHER SOCIAL AND HEALTHCARE SERVICES HEALTH INSURANCE FACILITATED ENROLLERS AND FOOD BENEFITS COUNSELORS ARE EMBEDDED AT A NUMBER OF PHS' WIC CENTERS TO PROVIDE ACCESS TO PUBLIC HEALTH INSURANCE AND FOOD STAMPS BENEFITS AND 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 2013, PHS DISTRIBUTED APPROXIMATELY $52 MILLION IN FOOD BENEFITS TO CLIENTS AT ITS NEIGHBORHOOD WIC CENTERS BECAUSE WIC VENDOR MANAGEMENT IS ALSO A PHS PROGRAM, PUBLIC HEALTH SOLUTIONS HAS A UNIQUE HANDLE ON THE CLIENT (''DEMAND'') SIDE AS WELL AS THE VENDOR (''SUPPLY'') SIDE OF WIC-RELATED ISSUES (SEE PART III, LINE 4D -- OTHER PROGRAM SERVICES -- FOR A DESCRIPTION OF THE WIC VENDOR MANAGEMENT PROGRAM) SPECIAL INITIATIVES OVERSEEN BY PHS' WIC PROGRAM INCLUDE COOKING MATTERS AT THE STORE (CMATS), AN INNOVATIVE, COMMUNITY-BASED APPROACH TO PROVIDING INDIVIDUALS AND FAMILIES IN HIGH-NEED, FOOD-INSECURE COMMUNITIES THROUGHOUT NEW YORK CITY WITH THE SKILLS AND TOOLS TO SHOP, COOK, AND EAT HEALTHY ON A BUDGET CMATS WAS IMPLEMENTED AT APPROXIMATELY NINE SUPERMARKETS WITHIN WALKING DISTANCE OF THE NINE PHS NEIGHBORHOOD WIC SITES IN 2013 FUNDED BY SHARE OUR STRENGTH, CMATS PROVIDED GROCERY STORE TOURS AND NUTRITION EDUCATION FOR APPROXIMATELY 1500 FAMILIES, INCLUDING BOTH NEIGHBORHOOD WIC PARTICIPANTS AND OTHER WIC-ELIGIBLE NYC RESIDENTS IN 2013

Return Reference	Explanation
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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY THE EXECUTIVE OFFICERS' SALARIES ARE REVIEWED BY THE COMPENSATION COMMITTEE ALONG WITH THE INTERNAL AND EXTERNAL COMPARABILITY DATA A COMPENSATION CONSULTANT PERIODICALLY PROVIDES INDEPENDENT EXPERTISE TO THE COMMITTEE BASED ON THE COMPENSATION COMMITTEE'S RECOMMENDATIONS, THE BOARD THEN MAKES A SALARY RECOMMENDATION FOR ITS OFFICERS PUBLIC HEALTH SOLUTIONS SERVES A PREDOMINANTLY LOW-INCOME, IMMIGRANT AND AT-RISK POPULATION IN THE NEW YORK CITY AREA, WITH PROGRAMS THAT ADDRESS SOME OF THE MOST SERIOUS AND URGENT PUBLIC HEALTH CHALLENGES FACING THE CITY AND THE NATION CHILDREN AT RISK OF DEVELOPMENTAL DISABILITIES AND CHRONIC HEALTH PROBLEMS, SUCH AS CHILDHOOD OBESITY, WOMEN WITH LITTLE OR NO ACCESS TO HEALTH CARE, PRENATAL SERVICES, AND FAMILY PLANNING, FAMILIES IN NEED OF FOOD AND NUTRITIONAL GUIDANCE, AND PEOPLE WITH HIV/AIDS, AS WELL AS THOSE AT HIGH RISK OF BECOMING INFECTED WHO NEED PREVENTIVE EDUCATION IN ADDITION TO ITS MANY SERVICE PROGRAMS, PUBLIC HEALTH SOLUTIONS ADVOCATES FOR HEALTHCARE SYSTEM CHANGE TO BENEFIT ITS CLIENTS, PROVIDES TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY-BASED ORGANIZATIONS, CONDUCTS RESEARCH ON EMERGING AND EXISTING PUBLIC HEALTH CHALLENGES, AND ASSISTS GOVERNMENT AGENCIES TO ALLOCATE PUBLIC FUNDING THROUGH CONTRACTS WITH OTHER NONPROFITS TO ACCOMPLISH THESE GOALS AND CHALLENGES, PUBLIC HEALTH SOLUTIONS REQUIRES A WORKFORCE CONSISTING OF DIVERSIFIED EDUCATIONAL AND TECHNICAL BACKGROUNDS IN THE AREAS OF CONCERN ADDRESSED BY PUBLIC HEALTH SOLUTIONS TO FACILITATE THE ENGAGEMENT OF A LARGE AND DIVERSIFIED WORKFORCE IN ITS FOCUS AREAS, PUBLIC HEALTH SOLUTIONS EMPLOYS A COMPENSATION PHILOSOPHY THAT ENCOURAGES INTERNAL FAIRNESS OF ITS PAY PROGRAM AND EXTERNAL COMPETITIVENESS IN THE VARIOUS MARKET PLACES FOR WHICH IT HIRES EMPLOYEES THE OVERALL GOAL OF THE PUBLIC HEALTH SOLUTIONS COMPENSATION PHILOSOPHY IS TO ATTRACT HIGH-QUALITY EMPLOYEES AT VARIOUS LEVELS IN THE ORGANIZATION AND TO RETAIN THESE EMPLOYEES WITH A COMPREHENSIVE SALARY AND BENEFITS PLAN THAT IS COMPETITIVE IN THE MARKET PLACES FOR WHICH IT COMPETES FOR EMPLOYEES AN ADDITIONAL GOAL IS TO CREATE CAREER LONGEVITY BY ADHERING TO THE PHILOSOPHY OF INTERNAL EQUITY, EXTERNAL COMPETITIVENESS, AND PERFORMANCE MANAGEMENT PERIODICALLY, PUBLIC HEALTH SOLUTIONS SEEKS COUNSEL AND ADVICE FROM A COMPENSATION CONSULTANT TO KEEP THE ORGANIZATION ALIGNED WITH THE GOAL OF INTERNAL AND EXTERNAL EQUITY THEY RE-EXAMINE JOB 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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT 8,323,645

Return Reference	Explanation
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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES COALITION FOR A SMOKE-FREE CITY THE COALITION FOR A SMOKE-FREE CITY IS A HEALTH EDUCATION AND ADVOCACY PROGRAM THAT WORKS TO INCREASE AWAREN ESS OF TOBACCO CONTROL ISSUES AMONG COMMUNITY MEMBERS AND POLICY MAKERS THE COALITION AND ITS LOCAL BOROUGH PARTNERSHIPS USE A COLLABORATIVE APPROACH TO PARTNER WITH COMMUNITY-BASE D ORGANIZATIONS, POLICY MAKERS, HEALTH ADVOCATES, AND OTHER STAKEHOLDERS TO FACILITATE NEIG HBORHOOD-BASED EFFORTS THAT PROMOTE HEALTHIER COMMUNITIES WITH THE GOALS OF REDUCING YOUT H EXPOSURE TO TOBACCO MARKETING, INCREASING THE NUMBER OF SMOKE-FREE OUTDOOR SPACES, INCRE ASING THE NUMBER OF APARTMENT BUILDINGS, CO-OPS AND CONDOS THAT ARE 100% SMOKE-FREE, AND E NGAGING COMMUNITY PARTNERS TO BUILD SUPPORT FOR POLICY CAMPAIGNS IN 2013, THE COALITION L AUNCHED A FOCUSED ASIAN AMERICAN INITIATIVE THAT SEEKS TO RAISE AWARENESS ABOUT TOBACCO CO NTROL ISSUES, PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE OUTREACH AND EDUCATION, AN D ULTIMATELY REDUCE DISPARITIES IN TOBACCO-RELATED MORBIDITY AND MORTALITY AMONG ASIAN AME RICANS IN NEW YORK CITY MATERNAL AND CHILD HEALTH SERVICES PUBLIC HEALTH SOLUTIONS' NURS E-FAMILY PARTNERSHIP PROGRAM, BASED IN THE HIGH-NEED COMMUNITY OF CORONA, QUEENS, IS A NAT IONALLY 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 RE ACHED OVER 920 FAMILIES PHS' BUSHWICK BRIGHT START (BBS), A HEALTHY FAMILIES NEW YORK HOM E-VISITING PROGRAM, HAS BEEN SERVING WOMEN AND FAMILIES IN THE BUSHWICK COMMUNITY IN BROOK LYN FOR 13 YEARS BBS UTILIZES COMMUNITY-BASED PARAPROFESSIONALS TO PROVIDE INTENSIVE, EVI DENCE-BASED HOME-VISITING SERVICES TO PREGNANT AND PARENTING WOMEN AND BABIES THROUGH WEEK LY HOME VISITS SINCE ITS INCEPTION IN 2001, BBS HAS SERVED OVER 730 FAMILIES BOTH PROGRA MS HAVE BEEN SHOWN TO MEASURABLY IMPROVE HEALTH OUTCOMES FOR MOTHERS AND THEIR CHILDREN 2 013 ALSO MARKED THE LAUNCH OF PHS' QUEENS MATERNAL INFANT COMMUNITY HEALTH COLLABORATIVE, A 5-YEAR $2 5 MILLION NYSDOH-FUNDED PROJECT IN NORTHERN QUEENS TO CONVENE AND LEAD A DIVER SE 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 MIC HEALTH CEN TERS PHS' ARTICLE 28-LICENSED MIC HEALTH CENTERS HAVE BEEN PROVIDING COMPREHENSIVE FAMILY PLANNING AND PRENATAL CARE TO NYC'S MOST MEDICALLY UNDERSERVED NEIGHBORHOODS FOR OVER 40 YEARS, SERVING MORE THAN 4,500 WOMEN ANNUALLY AT ITS TWO LOCATIONS IN BROOKLYN HIGH-QUALI TY 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 P AY PHS REPRODUCTIVE HEALTH SERVICES PROGRAM A RECOGNIZED LEADER IN THE AREAS OF FAMILY P LANNING, ADOLESCENT AND WOMEN'S HEALTH, PHS HAS A LONG HISTORY OF IDENTIFY ING AND ADDRESSI NG EMERGING FAMILY PLANNING CLINICAL AND ADMINISTRATIVE ISSUES, AS WELL AS CONTRIBUTING TO LONGSTANDING PARTNERSHIPS THROUGH STATE- AND CITY-WIDE COALITIONS AND INITIATIVES THAT ST RIVE TO IMPROVE CARE AND POLICIES IN NEW YORK CITY THROUGH EDUCATION, COLLABORATION, AND A DVOCACY PHS HAS BEEN THE NON-GOVERNMENTAL TITLE X FAMILY PLANNING SERVICES GRANTEE FOR NE W YORK STATE FOR OVER 30 YEARS, TITLE X IS THE FEDERAL GRANT PROGRAM THAT FUNDS COMPREHENS IVE FAMILY PLANNING AND OTHER RELATED PREVENTIVE HEALTH SERVICES TO INDIVIDUALS WITH A SPE CIAL FOCUS ON THE NEEDS OF LOW-INCOME FAMILIES OR UNINSURED PEOPLE (INCLUDING THOSE NOT EL IGIBLE FOR MEDICAID) WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THESE SERVICES PHS ADMINISTER S FUNDING TO SEVEN SUB-RECIPIENT COMMUNITY HEALTH CENTERS ON BEHALF OF THE OFFICE OF POPUL ATION AFFAIRS (OPA) WITHIN THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), INCLUD ING OUR OWN ARTICLE 28 MIC WOMEN'S HEALTH CENTERS PHS PROVIDES ONGOING DATA MONITORING AN D PROGRAMMATIC AND ADMINISTRATIVE REVIEW FOR SUB-RECIPIENTS TO ENSURE THEY SET AND ACHIEVE WORK PLAN GOALS AND OBJECTIVES AND ADHERENCE TO TITLE X GUIDELINES SUDDEN INFANT AND CHI LD DEATH RESOURCE CENTER (SICD) SICD SEEKS TO ELIMINATE SUDDEN UNEXPECTED DEATHS IN INFAN TS 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 PROG RAMS ABOUT SUDDEN UNEXPECTED INFANT/CHILD DEATH, SAFE SLEEP PRACTICES, AND INFANT MORTALIT Y RISK REDUCTION AND TO PROVIDE BEREAVEMENT SUPPORT TO FAMILIES THAT HAVE EXPERIENCED THE LOSS OF AN INFANT/CHILD THROUGH INDIVIDUAL CONSULTATIONS AND SUPPORT GROUPS EARLY INTERVE NTION SERVICE COORDINATION (EISC) PUBLIC HEALTH SOLUTIONS' EARLY INTERVENTION SERVICE COO RDINATION PROGRAM PROVIDES CASE MANAGEMENT FOR FAMILIES WITH INFANTS AND TODDLERS WITH KNO WN OR SUSPECTED DEVELOPMENTAL DELAYS OR DISABILITI

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	ES SERVICE COORDINATORS WORK WITH PROFESSIONAL EVALUATORS, SERVICE PROVIDERS, AND FAMILIE S TO DEVELOP INDIVIDUAL FAMILY SERVICE PLANS AND ASSURE THE ONGOING DELIVERY OF THERAPEUTI C SERVICES FOR INFANTS AND CHILDREN EACH YEAR, THE PROGRAM SERVES OVER 7,000 FAMILIES BY FACILITATING THE ELIGIBILITY DETERMINATION PROCESS, IDENTIFYING APPROPRIATE SERVICE PROVID ERS AND MONITORING THE TIMELY DELIVERY OF APPROVED SERVICES, KNOWN AS INITIAL AND ONGOING SERVICE COORDINATION THE PROGRAM'S 80 MULTILINGUAL SERVICE COORDINATORS WORK WITH FAMILIE S IN THEIR HOMES, OR AT ANY OTHER LOCATION CONVENIENT TO THEM, TO SUPPORT THEM TO UNDERSTA ND THIS COMPLEX PROGRAM, AND TO APPROPRIATELY ACCESS NEEDED SERVICES WIC VENDOR MANAGEMEN T PROGRAM PUBLIC HEALTH SOLUTIONS IS ONE OF TWO WIC VENDOR MANAGEMENT AGENCIES (VMA) IN N EW YORK CITY SINCE 1974, ON BEHALF OF THE NYS HEALTH DEPARTMENT, VMA HAS ENSURED THAT GRO CERY STORES, CORNER STORES, SUPERMARKETS AND PHARMACIES THAT ACCEPT WIC CHECKS ARE APPROPR IATELY STOCKED AND PRODUCTS ARE FAIRLY PRICED THE PROGRAM WORKS WITH CLOSE TO 2,000 STORE S IN QUEENS, BROOKLYN AND STATEN ISLAND, AS WELL AS IN NASSAU AND SUFFOLK COUNTIES, FACILI TATING THE PROCESSING OF WIC VENDOR APPLICATIONS, PROVIDING TRAINING TO WIC VENDORS, CONDU CTING PERIODIC SITE INSPECTIONS AND MONITORING VISITS, AND RESOLVING DISPUTES BETWEEN PART ICIPANTS AND VENDORS RESEARCH & EVALUATION PROGRAMS PUBLIC HEALTH SOLUTIONS USES ITS OWN RESEARCH TO HELP ILLUMINATE CRITICAL PUBLIC HEALTH ISSUES AND TO DESIGN, IMPLEMENT AND AS SESS EFFECTIVE METHODS FOR PREVENTING DISEASE AND IMPROVING HEALTH PHS' INNOVATIVE RESEAR CH PROGRAMS INCLUDE WHICHMETHOD COM A WEB-APP TO IMPROVE CONTRACEPTIVE CHOICE NEARLY HA LF OF ALL PREGNANCIES IN THE U S ARE UNINTENDED, AMONG TEENAGERS, THE PERCENTAGE IS EVEN HIGHER - MORE THAN 80% OF PREGNANCIES IN WOMEN 19 OR UNDER ARE UNPLANNED BECOMING A TEEN PARENT HAS A SIGNIFICANT EFFECT ON BOTH THE PARENT AND CHILD TEEN MOTHERS ARE MORE LIKELY TO LIVE IN POVERTY AND LESS LIKELY TO COMPLETE THEIR EDUCATION THAN OTHER TEENAGERS, AND THEIR CHILDREN ARE MORE LIKELY TO HAVE DEVELOPMENTAL DELAYS OR BEHAVIORAL ISSUES AND LESS LIKELY TO GRADUATE FROM HIGH SCHOOL MANY WOMEN ARE AT INCREASED RISK OF UNINTENDED PREGNA NCY DUE TO CONTRACEPTIVE NON-USE, PARTICULARLY TEENAGERS AND LOW-INCOME WOMEN WITH A LONG -TERM GOAL OF REDUCING THE BURDEN OF UNINTENDED PREGNANCY, PHS HAS DEVELOPED AND FIELD-TES TED A USER-FRIENDLY CONTRACEPTIVE ASSESSMENT APP TO HELP WOMEN WHO DO NOT CURRENTLY WANT T O BECOME PREGNANT CHOOSE CONTRACEPTIVE METHODS THAT ARE EFFECTIVE AND ACCEPTABLE THERE AR E TWO KEY PROGRAM ELEMENTS AN INTERACTIVE APP AND TAILORED INFORMATIONAL MATERIAL THE IN TERACTIVE CONTRACEPTIVE ASSESSMENT APP, AVAILABLE IN BOTH SPANISH AND ENGLISH, INCLUDES AP PROXIMATELY 50 QUESTIONS ON CONTRACEPTIVE HISTORY, PREFERENCES AND PRIORITIES, SEXUAL RISK FACTORS, AND MEDICAL HISTORY RESPONSES TO THE QUESTIONS GUIDE AN UNDERLYING ALGORITHM (D EVELOPED IN COLLABORATION WITH PHYSICIANS AT EMORY UNIVERSITY), WHICH INCORPORATES THE CDC 'S MEDICAL ELIGIBILITY CRITERIA AS WELL AS A WOMAN'S INDIVIDUAL PREFERENCES AND PRIORITIES (SUCH AS WHEN SHE WANTS TO BECOME PREGNANT, OR WHETHER THE USER NEEDS TO KEEP HER METHOD PRIVATE FROM HER FAMILY AND/OR PARTNER) AND MAKES MORE THAN 500 RANKING DECISIONS FOR 19 D IFFERENT CONTRACEPTIVE METHODS USERS RECEIVE INDIVIDUALLY-TAILORED RECOMMENDATIONS ABOUT CONTRACEPTIVE METHODS THAT ARE EFFECTIVE, MEDICALLY APPROPRIATE AND IN LINE WITH INDIVIDUA L PREFERENCES GIVEN THEIR RESPONSES THE APP WAS TESTED IN A LARGE-SCALE (N=2,000) RANDOMI ZED CONTROL TRIAL CONDUCTED AT TWO FEDERALLY-FUNDED FAMILY PLANNING CENTERS FROM 2009-2011 THE TRIAL PROVIDED SIGNIFICANT EVIDENCE OF THE APP'S EFFICACY IN INCREASING THE LIKELIHO OD THAT A WOMAN CHOOSES AN EFFECTIVE CONTRACEPTIVE METHOD AND USES IT CONSISTENTLY

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	NATIONAL COORDINATING CENTER, HEALTHY WEIGHT IN LESBIAN AND BISEXUAL WOMEN INITIATIVE. PUB LIC HEALTH SOLUTIONS, UNDER SUBCONTRACT FROM THE CDM GROUP, SERVES AS THE COORDINATING CEN TER FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF WOMEN'S HEALTH (OWH)-FUNDED EFFORTS OF FIVE DIFFERENT SITES IMPLEMENTING INTERVENTIONS TO PROMOTE HEALTHY WEIGHT AMONG LESBIANS AND BISEXUAL WOMEN, AGE 40 AND OVER, WHO ARE OVERWEIGHT OR OBESE. COORDINATING C ENTER STAFF WORK WITH INVESTIGATORS FROM THE FUNDED SITES --WASHINGTON DC (GWU/WHITMAN-WAL KER CLINIC/MAUTNER PROJECT), ST LOUIS (SAGE/NORC), AND SAN FRANCISCO (LGBT COMMUNITY CENT ER/IMPAQ INTERNATIONAL & LYON-MARTIN/RTI) -- TO FACILITATE CROSS-SITE COMMUNICATION AND CO LLABORATION, MANAGE AND ANALYZE QUALITATIVE AND QUANTITATIVE DATA, AND DISSEMINATE FINDING S THROUGH NATIONAL MEETINGS AND PEER-REVIEW PUBLICATIONS. FIRST STEPS TO HEALTHY LIVING E VALUATION OF NEW YORK STATE EARLY CHILDHOOD OBESITY PREVENTION PROGRAMS. THE FEDERALLY-FUN DED WIC PROGRAM PROMOTES GOOD NUTRITION AND HEALTHY WEIGHT GAIN FOR LOW-INCOME PREGNANT, P OST-PARTUM, AND BREASTFEEDING WOMEN, AS WELL AS INFANTS AND CHILDREN UP TO THE AGE OF FIVE. IN JANUARY 2009, NEW YORK BECAME THE FIRST STATE IN THE NATION TO IMPLEMENT THE USDA-MAN DATED REVISION OF THE WIC FOOD PACKAGE, WHICH OFFERED A MORE BALANCED SET OF FOODS REFLECT ING DIETARY RECOMMENDATIONS TO CONSUME LESS FAT AND SWEETENED BEVERAGES, TO EAT MORE FIBER AND FRUITS AND VEGETABLES, AND LIMITED CHILDREN 2-4 YEARS OF AGE TO LOW- (1%) OR NONFAT M ILK. PUBLIC HEALTH SOLUTIONS RESEARCHERS -- ALONG WITH COLLEAGUES FROM COLUMBIA UNIVERSITY AND THE NYS DEPARTMENT OF HEALTH - HAVE BEEN PARTICIPATING IN FIRST STEPS TO HEALTHY LIVI NG, A 4 5-YEAR PROJECT FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION AND THE NEW YORK STATE HEALTH FOUNDATION, AS PART OF A COMPREHENSIVE EVALUATION OF INNOVATIVE NYS WIC PROGRAM OB ESITY PREVENTION POLICIES AND IMPLEMENTATION OF THE NEW WIC FOOD PACKAGE. ALTHOUGH THE WIC PROGRAM SERVES ALMOST HALF THE CHILDREN BORN IN NEW YORK STATE, AND THE PROGRAM IS UNIQUE LY POSITIONED TO REDUCING OVERWEIGHT AMONG CHILDREN UNDER AGE FIVE THROUGHOUT THE ENTIRE S TATE, STUDIES OF OBESITY PREVENTION PROGRAMS TARGETING CHILDREN ENROLLED IN NYS WIC HAVE B EEN LIMITED IN THE PAST. FIRST STEPS TO HEALTHY LIVING THUS PRESENTED AN EXCITING RESEARCH OPPORTUNITY, FOR WHICH PUBLIC HEALTH SOLUTIONS WAS PARTICULARLY WELL-SUITED. THE PRIMARY GOAL OF FIRST STEPS TO HEALTHY LIVING HAS BEEN TO ASSESS THE IMPACT OF THE NEW WIC FOOD PA CKAGE ON FRUIT, VEGETABLE, WHOLE GRAIN, AND LOW-FAT MILK CONSUMPTION, INITIATION AND DURAT ION OF BREASTFEEDING, AND WEIGHT/HEIGHT AMONG CHILDREN ENROLLED IN NYS WIC. PROJECT RESEAR CHERS ANALYZED 3 5 MILLION ACTIVE NYS WIC RECORDS FROM BEFORE AND AFTER IMPLEMENTATION OF THE NEW FOOD PACKAGE. THEY DETERMINED THAT, TWO YEARS AFTER IMPLEMENTATION OF THE NEW NYS WIC FOOD PACKAGES, INFANTS WERE MORE LIKELY TO BE BREASTFED, AND CHILDREN WERE MORE LIKELY TO HAVE INCREASED CONSUMPTION OF HEALTHY FOODS, INCLUDING LOW/NONFAT MILK. THE PROJECT IS NOW MOVING INTO THE FINAL DATA ANALYSIS PHASE. THE MANUSCRIPT, "CHANGING WIC CHANGES WHAT CHILDREN EAT," WHICH DESCRIBED THE INITIAL EVALUATION FINDINGS, WAS PUBLISHED IN THE JOUR NAL OBESITY IN MAY 2013. PROFILES OF PARTICIPATION IN WIC AND OTHER HEALTHY LIVING PROGRAM S FOR PRE-SCHOOLERS IN NEW YORK IS A ONE-YEAR RENEWAL GRANT AWARDED BY THE ROBERT WOOD JOH NSON FOUNDATION IN DECEMBER 2013. THIS GRANT WILL FUND 1) A STUDY OF LIFETIME PARTICIPATIO N AND EXPERIENCES IN WIC, FACTORS ASSOCIATED WITH VARIATIONS IN WIC PARTICIPATION, AND REA SONS 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. AN ONLINE RANDOMIZED CONTROLLED TRIAL EVALUATING HIV PREVENTION DIGI TAL MEDIA INTERVENTIONS FOR MEN WHO HAVE SEX WITH MEN. THIRTY YEARS AFTER HIV/AIDS WAS FIR ST IDENTIFIED, THE DISEASE CONTINUES TO SPREAD DRAMATICALLY AMONG MANY POPULATIONS, WITH M OST NEW HIV INFECTIONS IN THE U S. OCCURRING IN MEN WHO HAVE SEX WITH MEN (MSM). IN RESPON SE TO THIS HEALTH CRISIS, PUBLIC HEALTH SOLUTIONS, IN COLLABORATION WITH THE NY U STEINHARD T SCHOOL, DEVELOPED THE GROUNDBREAKING HIV IS STILL A BIG DEAL SHORT FILM SERIES IN 2008. THE HIV BIG DEAL VIDEOS WERE DESIGNED TO PROMOTE CRITICAL THINKING ABOUT HIV DISCLOSURE, H IV TESTING, SUBSTANCE ABUSE AND CONDOM USE. THESE KINDS OF ONLINE INTERVENTIONS ARE PARTIC ULARLY IMPORTANT SINCE INCREASES IN HIV INFECTION IN MSM HAVE BEEN ATTRIBUTED, IN PART, TO EVER-EXPANDING INTERNET HOOK-UP SITES THAT GIVE MSM FAR WIDER AND EASIER ACCESS TO SEX PA RTNERS ABOUT WHOM THEY KNOW LITTLE. NUMEROUS STUDIES HAVE FOUND THE DRAMATIC APPROACH OF T HE HIV BIG DEAL VIDEOS PUTS VIEWERS IN A PROBLEM-SOLVING FRAME OF MIND, PROMOTING CRITICAL THINKING AND ULTIMATELY RESULTING IN GREATER BEHAVIOR CHANGE THAN OTHER KINDS OF PRESENTA TIONS. THEY ARE THE ONLY SCRIPTED, DRAMATIC HIV PR

Return Reference	Explanation	
	FORM 990, PART III, LINE 4D	EVENTION VIDEOS THAT HAVE BEEN EVALUATED AND SHOWN TO REDUCE HIGH-RISK BEHAVIOR FOR GAY AN D BISEXUAL MEN PHS RECENTLY CONDUCTED A CDC-FUNDED RANDOMIZED CONTROLLED TRIAL (RCT) AMON G MSM RECRUITED FROM SEVERAL GAY SEXUAL NETWORKING WEBSITES AN ONLINE RANDOMIZED CONTROLL ED TRIAL EVALUATING HIV PREVENTION DIGITAL MEDIA INTERVENTIONS FOR MEN WHO HAVE SEX WITH M EN ASSESSED THE IMPACT OF TWO HIV BIG DEAL VIDEOS (THE MORNING AFTER AND TALKING ABOUT HIV) AND AN HIV PREVENTION WEBPAGE, COMPARED TO A CONTROL CONDITION FOR THE STUDY OUTCOMES H IV TESTING, SEROSTATUS DISCLOSURE, AND UNPROTECTED ANAL INTERCOURSE (UAI) AT 60-DAY FOLLOW -UP THE STUDY FINDING OF DECREASED SEXUAL RISK AMONG MSM RECRUITED ONLINE FOR AN INTERVEN TION SUGGESTS THAT A LOW-COST, BRIEF DIGITAL MEDIA INTERVENTION DESIGNED TO ENGAGE CRITICA L THINKING CAN INCREASE HIV DISCLOSURE TO SEXUAL PARTNERS AND DECREASE SEXUAL RISK EFFECT IVE, BRIEF HIV PREVENTION INTERVENTIONS FEATURING DIGITAL MEDIA THAT ARE MADE WIDELY AVAIL ABLE MAY SERVE AS A COMPLEMENTARY PART OF AN OVERALL BEHAVIORAL AND BIOMEDICAL STRATEGY FO R REDUCING SEXUAL RISK BY ADDRESSING THE SPECIFIC NEEDS AND CIRCUMSTANCES OF THE TARGET PO PULATION, AND BY CHANGING INDIVIDUAL KNOWLEDGE, MOTIVATIONS, AND COMMUNITY NORMS USING TE CHNOLOGY TO MATCH YOUNG BLACK MSM TO HIV TESTING OPTIONS THIS IS AN NIH GRANT LED BY THE NEW YORK BLOOD CENTER WITH PHS AS A SUBCONTRACTOR THE AIMS OF THE GRANT ARE 1) TO DEVELO P A BRIEF INTERNET-BASED INTERVENTION FOR YOUNG, HIV-NEGATIVE OR NEVER-TESTED BLACK MSM AN D TRANSGENDER WOMEN, OPTIMIZED FOR MOBILE DEVICES (E G , SMART PHONES, TABLETS) TO INCREAS E 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 I NTERVENTION USING A THREE-ARM RANDOMIZED STUDY DESIGN TO ESTIMATE ITS POTENTIAL EFFICACY C OMPARED TO CONTROL CONDITIONS IN INCREASING THE PROPORTION OF YOUNG BLACK MSM OR TRANSGEND ER WOMEN WHO TEST OVER SIX MONTHS STAPHYLOCOCCAL SKIN AND SOFT TISSUE INFECTIONS IN MSM AN INTERNET-BASED QUANTITATIVE AND QUALITATIVE INVESTIGATION AND US-WIDE MOLECULAR EPIDEMI OLOGY PHS IS A SUBCONTRACTOR ON THIS COLUMBIA UNIVERSITY-FUNDED PILOT COMMUNITY-ASSOCIAT ED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA) OR "STAPH" IS A MAJOR CAUSE OF SK IN AND SOFT TISSUE INFECTIONS (SSTIS) AND IS A SERIOUS PUBLIC HEALTH ISSUE THESE INFECTIO NS DISPROPORTIONATELY AFFECT MEN WHO HAVE SEX WITH MEN (MSM), HOWEVER, THIS PHENOMENON IS NOT WELL UNDERSTOOD AND IS UNDERSTUDIED THIS STUDY IS BEING PERFORMED TO INFORM THE DESIG N OF AN EFFECTIVE ONLINE PREVENTION STRATEGY TO DO SO, MSM WILL BE RECRUITED ONLINE (FOR A SURVEY, WITH SUB-STUDIES INCLUDING ONLINE FOCUS GROUPS, PHONE INTERVIEWS, AND SELF-SWABB ING) 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 THE STUDY PARTICIPANTS

Return Reference	Explanation
FORM 990, PART III, LINE 4D	REACHING HARD-TO-REACH YOUTH WITH THE GYT CAMPAIGN THE PROJECT ADAPTED THE GET YOURSELF TESTED (GYT) CAMPAIGN, A SOCIAL MARKETING CAMPAIGN PROMOTING STD TESTING, TO REACH ETHNICALLY DIVERSE LGBTQ YOUTH (UNDER AGE 25) AT RISK OF HIV AND STDS WHO ARE HOMELESS, UNSTABLY HOUSED, OR STREET-ORIENTED (INCLUDING RUNAWAYS, SEX WORKERS, OR SQUATTERS) ACTIVITIES INCLUDED FORMATIVE RESEARCH, CAMPAIGN ADAPTATION AND IMPLEMENTATION, PROCESS EVALUATION OF CAMPAIGN ACTIVITIES, AND AN OUTCOME EVALUATION OF THE IMPACT ON STD/HIV TESTING AT COMMUNITY PARTNERS DURING THE FORMATIVE RESEARCH PHASE, PUBLIC HEALTH SOLUTIONS STAFF CONDUCTED A SERIES OF THREE FOCUS GROUPS WITH SEXUAL AND GENDER MINORITY YOUTH, AND CONDUCTED ANALYSES OF THE RESULTING QUALITATIVE DATA PROJECT STAFF ALSO CONVENED AN ADVISORY BOARD TO GUIDE THE DEVELOPMENT OF CAMPAIGN MATERIALS AND MESSAGES AS PART OF A ROBUST EVALUATION PHASE, PROJECT STAFF CONDUCTED TWO SETS OF VENUE-BASED CROSS-SECTIONAL SURVEYS OF 152 SEXUAL AND GENDER MINORITY YOUTH TO GAUGE STD TESTING KNOWLEDGE, ATTITUDES, AND BEHAVIOR MORE THAN 10,000 YOUTH WERE REACHED WITH THE CAMPAIGN MATERIALS

Additional Data

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Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH M SALE CHAIRPERSON	3 00	X		X				0	0	0
JO IVEY BOUFFORD VICE CHAIR	1 00	X		X				0	0	0
WILLIAM J HIBSHER VICE CHAIR	2 00	X		X				0	0	0
SUSANA MORALES SECRETARY	1 00	X		X				0	0	0
RAYMOND P JONES SR TREASURER	2 00	X		X				0	0	0
ALAN AVILES BOARD MEMBER	1 00	X						0	0	0
GERRARD P BUSHELL BOARD MEMBER	2 00	X						0	0	0
CHRISTINA CHANG BOARD MEMBER	1 00	X						0	0	0
EMME LEVIN DELAND BOARD MEMBER	1 00	X						0	0	0
THOMAS A FARLEY BOARD MEMBER	1 00	X						0	0	0
RAYMOND FINK BOARD MEMBER	2 00	X						0	0	0
LINDA FRIED BOARD MEMBER	1 00	X						0	0	0
FLORENCE FRUCHER BOARD MEMBER	1 00	X						0	0	0
GEORGE GARFUNKEL BOARD MEMBER	1 00	X						0	0	0
BARBARA A GREEN BOARD MEMBER	2 00	X						0	0	0
DAVID HANSELL BOARD MEMBER	1 00	X						0	0	0
DAVID HARRIS BOARD MEMBER	1 00	X						0	0	0
PHYLLIS HARRISON-ROSS BOARD MEMBER	1 00	X						0	0	0
JACQUES JIHA BOARD MEMBER	1 00	X						0	0	0
ROBERT KAUFMAN BOARD MEMBER	2 00	X						0	0	0
WILLIAM KELLER BOARD MEMBER	1 00	X						0	0	0
JOAN M LEIMAN BOARD MEMBER	2 00	X						0	0	0
CHRISTOPHER SHYER BOARD MEMBER	1 00	X						0	0	0
STEPHEN SIMCOCK BOARD MEMBER	1 00	X						0	0	0
SHOSHANNA SOFAER BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW WEISENFELD BOARD MEMBER	1 00	X						0	0	0
ELLEN RAUTENBERG PRESIDENT & CEO	35 00			X				285,567	0	31,575
STEVEN NEWMAN EXECUTIVE VP & COO	35 00			X				231,340	0	24,328
LOUISE COHEN VP - PUBLIC HEALTH PROGRAMS	35 00			X				205,096	0	20,814
JOSEPH TRAPANI DEPUTY TREASURER/CFO	35 00			X				175,489	0	18,693
MARY ANN CHIASSON VP - RESEARCH & EVALUATION	35 00			X				171,794	0	32,855
RACHEL MILLER VP - HIV PROGRAMS/SPECIAL INITIATIVES	35 00			X				174,444	0	39,660
JANE LEVINE VP - LEGAL AFFAIRS/GENERAL COUNSEL	35 00			X				173,576	0	18,450
DESIREE BUNCH VP - HUMAN RESOURCES	35 00			X				164,462	0	18,289
BENJAMIN KIM VP - STRATEGIC DEVELOPMENT	35 00			X				166,173	0	24,501
PETER JENSEN CHIEF INFORMATION OFFICER	35 00			X				137,019	0	21,781
TONI LIQUORI EXEC DIR - SCHOOL FOOD FOCUS	35 00					X		144,950	0	23,982
KATHLEEN FITZPATRICK DEPUTY COMPTROLLER	28 00					X		131,400	0	25,530
SANDRA WILLIAMS DIRECTOR OF OPERATIONS	35 00					X		130,750	0	12,800
EARL BROWN E D - PART FOR A HEALTHIER NYC	35 00					X		124,198	0	7,267
KATHY LAWRENCE DIR STRAT DEV - SCHOOL FOOD FOCUS	35 00					X		122,176	0	17,548