



**Financial Statements  
(Together with Independent Auditors' Report)**

**For the Years Ended December 31, 2018 and 2017  
and**

**Single Audit Reports and Schedule as Required by the  
Office of Management and Budget and Uniform Guidance**

**For the Year Ended December 31, 2018**

**PUBLIC HEALTH SOLUTIONS  
FINANCIAL STATEMENTS  
(Together with Independent Auditors' Report)**

**FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017  
AND  
SINGLE AUDIT REPORTS AND SCHEDULE AS REQUIRED BY THE OFFICE OF  
MANAGEMENT AND BUDGET AND UNIFORM GUIDANCE**

**FOR THE YEAR ENDED DECEMBER 31, 2018**

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## INDEPENDENT AUDITORS' REPORT

The Board of Directors of  
Public Health Solutions

### Report on the Financial Statements

We have audited the accompanying financial statements of Public Health Solutions (the "Organization"), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

#### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America, and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Public Health Solutions as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Emphasis of Matter***

As discussed in Note 20 to the financial statements, during the year ended December 31, 2018, Public Health Solutions adopted Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958) - *Presentation of Financial Statements of "Not-for-Profit Entities"*. Our opinion is not modified with respect to this matter.

## **Other Matters**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, for the year ended December 31, 2018, (shown on pages 24-26) as required by Title 2 U.S. Code of Federal Regulations (“CFR”) Part 200, (*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*) (the “Uniform Guidance”), is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

## **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 26, 2019 on our consideration of the Organization’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization’s internal control over financial reporting and compliance.



New York, NY  
September 26, 2019

**PUBLIC HEALTH SOLUTIONS  
STATEMENTS OF FINANCIAL POSITION  
AS OF DECEMBER 31, 2018 AND 2017**

	<b>2018</b>	<b>2017</b>
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash and cash equivalents (Notes 2B, 3 and 4)	\$ 34,489,773	\$ 32,073,791
Certificates of deposit (Notes 2C, 3 and 4)	381,724	377,232
Grants receivable (Notes 2D, 3 and 4):		
Federal	5,004,165	8,046,241
New York State/New York City	12,905,741	11,230,029
Private	362,219	2,269,009
Contributions receivable (Notes 2J and 3)	14,350	281,556
Service reimbursements receivable (Notes 2K, 3 and 4)	154,792	173,468
Supplies inventory (Note 2E)	63,544	124,340
Advances to subcontractors (Note 2G)	2,208,646	1,824,983
Deposits and other assets	<u>355,735</u>	<u>245,389</u>
Total current assets	<u>55,940,689</u>	<u>56,646,038</u>
<b>Non-current assets:</b>		
Property and equipment, net of accumulated depreciation and amortization (Notes 2F and 5)	1,608,233	1,580,476
Deposits and other assets	<u>428,780</u>	<u>466,200</u>
Total non-current assets	<u>2,037,013</u>	<u>2,046,676</u>
<b>TOTAL ASSETS</b>	<u>\$ 57,977,702</u>	<u>\$ 58,692,714</u>
<b>LIABILITIES</b>		
<b>Current liabilities:</b>		
Accounts payable and accrued liabilities (Note 10C)	\$ 47,615,876	\$ 50,513,912
Borrowings under line of credit (Note 7)	2,650,000	2,650,000
Advances from government and other agencies (Note 2H)	<u>8,363,187</u>	<u>6,895,936</u>
Total current liabilities	<u>58,629,063</u>	<u>60,059,848</u>
<b>Non-current liabilities:</b>		
Pension liability (Note 6)	<u>18,336,944</u>	<u>23,541,286</u>
Total non-current liabilities	<u>18,336,944</u>	<u>23,541,286</u>
<b>TOTAL LIABILITIES</b>	<u>76,966,007</u>	<u>83,601,134</u>
<b>COMMITMENTS AND CONTINGENCIES (Notes 9 and 10)</b>		
<b>NET ASSETS (DEFICIT) (Note 2I)</b>		
Without donor restrictions:		
Undesignated	16,017,177	13,696,597
Net unrecognized actuarial loss on pension plan (Note 6)	<u>(35,097,704)</u>	<u>(38,697,228)</u>
Total net assets without donor restrictions	(19,080,527)	(25,000,631)
With donor restrictions (Note 8)	<u>92,222</u>	<u>92,211</u>
<b>TOTAL NET ASSETS (DEFICIT)</b>	<u>(18,988,305)</u>	<u>(24,908,420)</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 57,977,702</u>	<u>\$ 58,692,714</u>

The accompanying notes are an integral part of these financial statements.

**PUBLIC HEALTH SOLUTIONS  
STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

	Year Ended December 31, 2018			Year Ended December 31, 2017		
	Without Donor Restrictions	With Donor Restrictions	Total 2018	Without Donor Restrictions	With Donor Restrictions	Total 2017
<b>REVENUES AND SUPPORT:</b>						
Government grants, service contracts and medical reimbursements (Note 2K):						
New York State	\$ 20,916,874	\$ -	\$ 20,916,874	\$ 19,754,407	\$ -	\$ 19,754,407
New York City	175,847,637	-	175,847,637	188,218,209	-	188,218,209
Federal	34,346,839	-	34,346,839	39,424,316	-	39,424,316
Medicaid and other third party	1,557,285	-	1,557,285	2,902,687	-	2,902,687
Interest income	23,222	-	23,222	14,650	-	14,650
Other income	489,428	-	489,428	456,411	-	456,411
Nongovernment grants and contributions (Note 2J):						
Foundations and private grants	21,803,042	-	21,803,042	18,500,920	-	18,500,920
Contributions	822,203	26,920	849,123	1,127,827	32,000	1,159,827
Net assets released from restrictions (Note 8)	26,909	(26,909)	-	348,419	(348,419)	-
<b>TOTAL REVENUE AND SUPPORT</b>	<u>255,833,439</u>	<u>11</u>	<u>255,833,450</u>	<u>270,747,846</u>	<u>(316,419)</u>	<u>270,431,427</u>
<b>EXPENSES (Note 2M):</b>						
Program services:						
Reproductive health	8,763,640	-	8,763,640	8,364,286	-	8,364,286
HIV/STD	144,299,384	-	144,299,384	141,400,527	-	141,400,527
Nutrition	11,009,809	-	11,009,809	10,501,995	-	10,501,995
Child health and development	4,262,316	-	4,262,316	5,872,093	-	5,872,093
Emergency preparedness	25,462,609	-	25,462,609	30,700,231	-	30,700,231
Other miscellaneous programs	51,932,593	-	51,932,593	65,149,017	-	65,149,017
Total program services	245,730,351	-	245,730,351	261,988,149	-	261,988,149
Management and general	7,322,069	-	7,322,069	7,170,863	-	7,170,863
Fundraising and development	460,439	-	460,439	275,290	-	275,290
<b>TOTAL EXPENSES</b>	<u>253,512,859</u>	<u>-</u>	<u>253,512,859</u>	<u>269,434,302</u>	<u>-</u>	<u>269,434,302</u>
<b>CHANGE IN NET ASSETS BEFORE PENSION LIABILITY ADJUSTMENT</b>	2,320,580	11	2,320,591	1,313,544	(316,419)	997,125
Pension liability adjustment (Note 6)	3,599,524	-	3,599,524	(1,621,284)	-	(1,621,284)
<b>CHANGE IN NET ASSETS</b>	<u>5,920,104</u>	<u>11</u>	<u>5,920,115</u>	<u>(307,740)</u>	<u>(316,419)</u>	<u>(624,159)</u>
Net assets - beginning of year	(25,000,631)	92,211	(24,908,420)	(24,692,891)	408,630	(24,284,261)
<b>NET ASSETS (DEFICIT) - END OF YEAR</b>	<u>\$ (19,080,527)</u>	<u>\$ 92,222</u>	<u>\$ (18,988,305)</u>	<u>\$ (25,000,631)</u>	<u>\$ 92,211</u>	<u>\$ (24,908,420)</u>

The accompanying notes are an integral part of these financial statements.

**PUBLIC HEALTH SOLUTIONS  
STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2018**

	Program Services						Total Program Services	Management and General	Fundraising and Development	TOTAL 2018
	Reproductive Health	HIV/STD	Nutrition	Child Health and Development	Emergency Preparedness	Other Miscellaneous Programs				
Salaries and wages	\$ 2,685,179	\$ 5,169,869	\$ 6,315,149	\$ 2,782,516	\$ 1,035,376	\$ 4,468,108	\$ 22,456,197	\$ 4,429,488	\$ 250,103	\$ 27,135,788
Payroll taxes and employee benefits excluding defined benefit plan (ERISA Funding) (Note 6)	741,806	1,416,099	1,730,538	762,493	283,664	1,222,836	6,157,436	1,196,935	68,533	7,422,904
Net periodic benefit cost (Note 6)	(110,417)	(210,785)	(257,589)	(113,497)	(42,223)	(182,019)	(916,530)	(178,163)	(10,201)	(1,104,894)
Defined benefit plan (ERISA Funding) (Note 6)	<u>316,106</u>	<u>603,442</u>	<u>737,434</u>	<u>324,921</u>	<u>120,878</u>	<u>521,087</u>	<u>2,623,868</u>	<u>510,050</u>	<u>29,204</u>	<u>3,163,122</u>
	3,632,674	6,978,625	8,525,532	3,756,433	1,397,695	6,030,012	30,320,971	5,958,310	337,639	36,616,920
Subcontractors:										
Title X	2,994,328	-	-	-	-	-	2,994,328	-	-	2,994,328
Ryan White	-	79,803,905	-	-	-	-	79,803,905	-	-	79,803,905
HIV Prevention	-	49,077,177	-	-	-	-	49,077,177	-	-	49,077,177
CTL Master Administrator	-	-	-	-	-	23,032,160	23,032,160	-	-	23,032,160
Emergency Preparedness	-	-	-	-	20,763,879	-	20,763,879	-	-	20,763,879
Various	526,923	1,292,960	425,464	-	-	16,571,758	18,817,105	-	-	18,817,105
Patient care	176,760	-	-	-	-	-	176,760	-	-	176,760
Purchased services	79,949	203,405	105,095	7,476	14,950	184,252	595,127	148,335	40	743,502
Occupancy (Note 9)	276,153	669,541	1,489,372	329,265	74,020	3,609,712	6,448,063	175,839	17,202	6,641,104
Supplies	418,780	1,222,304	205,926	62,261	313,889	154,142	2,377,302	154,476	546	2,532,324
Communications	72,961	37,250	129,372	105,204	77,907	153,828	576,522	51,395	837	628,754
Project Renovations/Non-Capital	-	-	-	-	-	3,968	3,968	-	-	3,968
Maintenance and repairs	65,499	80,775	204,887	18,789	573,211	96,528	1,039,689	129,004	1,651	1,170,344
Postage	6,222	538	25,582	876	-	10,871	44,089	10,528	1,261	55,878
Marketing and promotion	13,965	1,183,652	26,271	15,704	22,075	498,189	1,759,856	-	-	1,759,856
Printing	7,434	63,374	10,178	8,210	44,282	21,785	155,263	3,558	2,981	161,802
Insurance	105,223	26,850	33,863	3,582	937	12,433	182,888	94,211	-	277,099
Travel	184,494	94,611	31,973	62,759	9,317	84,708	467,862	17,719	739	486,320
Equipment rental	24,849	79,298	35,316	13,488	1,616	45,600	200,167	42,199	376	242,742
Professional fees	215,038	2,886,290	65,684	36,332	2,188,296	1,567,981	6,959,621	614,392	101,654	7,675,667
Recruitment and training	19,905	651,434	3,221	26,481	47,426	89,149	837,616	144,255	3,286	985,157
Interest expense	125,941	(12,813)	-	(16,128)	-	55	97,055	795	4,651	102,501
Sundry expenses	<u>17,088</u>	<u>324,956</u>	<u>1,570</u>	<u>34,989</u>	<u>11,764</u>	<u>36,324</u>	<u>426,691</u>	<u>25,988</u>	<u>6,579</u>	<u>459,258</u>
Total expenses before depreciation and amortization	8,964,186	144,664,132	11,319,306	4,465,721	25,541,264	52,203,455	247,158,064	7,571,004	479,442	255,208,510
Depreciation and amortization	<u>5,143</u>	<u>27,909</u>	<u>170,348</u>	<u>8,019</u>	<u>-</u>	<u>68,206</u>	<u>279,625</u>	<u>82,952</u>	<u>-</u>	<u>362,577</u>
Total expenses including ERISA Funding, excluding NPBC (A)	8,969,329	144,692,041	11,489,654	4,473,740	25,541,264	52,271,661	247,437,689	7,653,956	479,442	255,571,087
Net periodic benefit cost (Note 6)	110,417	210,785	257,589	113,497	42,223	182,019	916,530	178,163	10,201	1,104,894
ERISA Funding Adjustment	<u>(316,106)</u>	<u>(603,442)</u>	<u>(737,434)</u>	<u>(324,921)</u>	<u>(120,878)</u>	<u>(521,087)</u>	<u>(2,623,868)</u>	<u>(510,050)</u>	<u>(29,204)</u>	<u>(3,163,122)</u>
<b>TOTAL EXPENSES (B)</b>	<u>\$ 8,763,640</u>	<u>\$ 144,299,384</u>	<u>\$ 11,009,809</u>	<u>\$ 4,262,316</u>	<u>\$ 25,462,609</u>	<u>\$ 51,932,593</u>	<u>\$ 245,730,351</u>	<u>\$ 7,322,069</u>	<u>\$ 460,439</u>	<u>\$ 253,512,859</u>

(A) Represents total expenses including \$3,163,122 cash payments in accordance with required ERISA funding standards and excluding \$1,104,894 in net periodic benefit cost.

(B) Represents total expenses after application of \$3,163,122 cash payments against pension liability and including \$1,104,894 in net period benefit cost in accordance with accounting principles generally accepted in the United States of America.

**PUBLIC HEALTH SOLUTIONS**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED DECEMBER 31, 2017**

	<b>Program Services</b>							<b>Management and General</b>	<b>Fundraising and Development</b>	<b>TOTAL 2017</b>
	<b>Reproductive Health</b>	<b>HIV/STD</b>	<b>Nutrition</b>	<b>Child Health and Development</b>	<b>Emergency Preparedness</b>	<b>Other Miscellaneous Programs</b>	<b>Total Program Services</b>			
Salaries and wages	\$ 2,830,208	\$ 5,317,911	\$ 6,187,800	\$ 3,859,116	\$ 1,091,198	\$ 4,320,151	\$ 23,606,384	\$ 4,335,854	\$ 171,707	\$ 28,113,945
Payroll taxes and employee benefits excluding defined benefit plan (ERISA Funding) (Note 6)	726,485	1,355,920	1,562,000	983,246	278,190	1,098,742	6,004,583	1,109,164	43,780	7,157,527
Net periodic benefit cost (Note 6)	(34,600)	(64,578)	(74,393)	(46,829)	(13,249)	(52,330)	(285,979)	(52,826)	(2,086)	(340,891)
Defined benefit plan (ERISA Funding) (Note 6)	191,404	357,238	411,533	259,051	73,293	289,481	1,582,000	292,226	11,534	1,885,760
	<u>3,713,497</u>	<u>6,966,491</u>	<u>8,086,940</u>	<u>5,054,584</u>	<u>1,429,432</u>	<u>5,656,044</u>	<u>30,906,988</u>	<u>5,684,418</u>	<u>224,935</u>	<u>36,816,341</u>
Subcontractors:										
Title X	2,773,075	-	-	-	-	-	2,773,075	-	-	2,773,075
Ryan White	-	83,984,768	-	-	-	-	83,984,768	-	-	83,984,768
HIV Prevention	-	43,195,004	-	-	-	-	43,195,004	-	-	43,195,004
CTL Master Administrator	-	-	-	-	-	39,340,970	-	-	-	39,340,970
Emergency Preparedness	-	-	-	-	21,932,289	-	21,932,289	-	-	21,932,289
Various	565,609	1,628,583	266,333	-	-	14,413,828	16,874,353	-	-	16,874,353
Patient care	186,561	-	-	-	-	-	186,561	-	-	186,561
Purchased services	58,346	260,809	171,469	49,445	101,618	242,539	884,226	23,805	30	908,061
Occupancy (Note 9)	229,997	614,313	1,183,621	472,594	85,087	3,367,169	5,952,781	123,801	12,897	6,089,479
Supplies	284,632	437,047	350,084	74,286	2,074,811	267,174	3,488,034	87,186	564	3,575,784
Communications	75,067	39,875	133,769	124,662	97,090	148,695	619,158	47,000	724	666,882
Project Renovations/Non-Capital Maintenance and repairs	84,260	169,301	196,011	35,186	686,028	77,286	1,248,072	109,135	2,093	1,359,300
Postage	2,481	1,291	59,117	7,959	64,011	4,146	139,005	11,941	4,082	155,028
Marketing and promotion	21,407	793,105	135,341	22,776	1,024,649	661,266	2,658,544	-	5,500	2,664,044
Printing	3,870	307,146	27,157	12,684	140,524	156,887	648,268	3,763	10,321	662,352
Insurance	109,117	29,644	28,662	2,692	912	11,604	182,631	91,700	-	274,331
Travel	109,695	134,826	37,545	35,694	19,988	76,326	414,074	15,721	203	429,998
Equipment rental	25,042	61,648	37,441	39,018	1,880	62,005	227,034	48,870	306	276,210
Professional fees	152,529	2,622,927	23,830	19,055	2,987,706	826,265	6,632,312	639,062	13,697	7,285,071
Recruitment and training	29,906	317,903	4,215	29,242	84,818	(90,325)	375,759	105,694	3,342	484,795
Interest expense	81,427	-	-	9,557	-	(9,501)	81,483	865	1,200	83,548
Sundry expenses	10,501	103,333	1,771	19,239	29,432	106,124	270,400	29,696	4,844	304,940
Total expenses before depreciation and amortization	8,517,019	141,668,014	10,746,681	6,008,673	30,760,275	65,318,502	263,019,164	7,022,657	284,738	270,326,559
Depreciation and amortization	4,071	25,173	92,454	75,642	-	67,666	265,006	387,606	-	652,612
Total expenses including ERISA Funding, excluding NPBC (A)	8,521,090	141,693,187	10,839,135	6,084,315	30,760,275	65,386,168	263,284,170	7,410,263	284,738	270,979,171
Net periodic benefit cost (Note 6)	34,600	64,578	74,393	46,829	13,249	52,330	285,979	52,826	2,086	340,891
ERISA Funding Adjustment	(191,404)	(357,238)	(411,533)	(259,051)	(73,293)	(289,481)	(1,582,000)	(292,226)	(11,534)	(1,885,760)
<b>TOTAL EXPENSES (B)</b>	<u>\$ 8,364,286</u>	<u>\$ 141,400,527</u>	<u>\$ 10,501,995</u>	<u>\$ 5,872,093</u>	<u>\$ 30,700,231</u>	<u>\$ 65,149,017</u>	<u>\$ 261,988,149</u>	<u>\$ 7,170,863</u>	<u>\$ 275,290</u>	<u>\$ 269,434,302</u>

(A) Represents total expenses including \$1,885,760 cash payments in accordance with required ERISA funding standards and excluding \$340,891 in net periodic benefit cost.

(B) Represents total expenses after application of \$1,885,760 cash payments against pension liability and including \$340,891 in net period benefit cost in accordance with accounting principles generally accepted in the United States of America.

**PUBLIC HEALTH SOLUTIONS  
STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Change in net assets	\$ 5,920,115	\$ (624,159)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	362,577	652,612
Pension related changes other than net periodic pension cost	(3,599,524)	1,621,284
Decrease (increase) in assets:		
Grants receivable	3,273,154	20,084,322
Contributions receivable	267,206	(267,496)
Service reimbursements receivable	18,676	676,865
Supplies inventory	60,796	26,157
Advances to subcontractors	(383,663)	(1,563,532)
Deposits and other assets	(72,926)	(4,598)
Increase (decrease) in liabilities:		
Accounts payable and accrued liabilities	(2,898,036)	(5,357,641)
Advances from government and other agencies	1,467,251	1,176,139
Pension liability	<u>(1,604,818)</u>	<u>(1,763,074)</u>
<b>Net Cash Provided by Operating Activities</b>	<u>2,810,808</u>	<u>14,656,879</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of property and equipment	(390,334)	(531,955)
Proceeds from redemption of certificates of deposit	-	374,273
Purchase of certificates of deposit	<u>(4,492)</u>	<u>(377,232)</u>
<b>Net Cash Used in Investing Activities</b>	<u>(394,826)</u>	<u>(534,914)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Proceeds from line of credit	<u>-</u>	<u>1,000,000</u>
<b>Net Cash Provided by Financing Activities</b>	<u>-</u>	<u>1,000,000</u>
<b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>	2,415,982	15,121,965
<b>Cash and Cash Equivalents - Beginning of Year</b>	<u>32,073,791</u>	<u>16,951,826</u>
<b>CASH AND CASH EQUIVALENTS - END OF YEAR</b>	<u>\$ 34,489,773</u>	<u>\$ 32,073,791</u>
<b>Supplemental Disclosure of Cash Flow Information:</b>		
Cash paid during the year for interest	<u>\$ 128,244</u>	<u>\$ 76,919</u>

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 1 – NATURE OF ACTIVITIES**

Incorporated in November 1957 in the State of New York, Public Health Solutions is the largest public health nonprofit serving New York City. For over 60 years, the organization has improved health outcomes and helped families thrive by providing services directly within communities that need them most and serving as a critical link in public-private partnerships with government agencies to support 200 community-based organizations across the city.

Public Health Solutions focuses on a wide range of crucial public health issues that overwhelmingly affect the health of low-income families in New York City, including food and nutrition, health insurance, maternal and child health, sexual and reproductive health, tobacco control, and HIV/AIDS.

Public Health Solutions is a public charity, classified as a 501(c)(3) organization and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. Accordingly, no provision for income taxes has been reflected in the accompanying financial statements.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**A. *Basis of Presentation***

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

**B. *Cash Equivalents***

Cash and cash equivalents include all cash balances and highly liquid investments with a maturity of three months or less when acquired.

Under provisions stipulated by certain of Public Health Solutions' funding agencies, cash advances for program services are required to be held in separate accounts. Cash maintained in these segregated accounts for the Ryan White, HIV Prevention, Minority AIDS Initiative, CTL Master Administrator and One City Health programs totaled approximately \$27,934,000 and \$28,444,000 at December 31, 2018 and 2017, respectively.

**C. *Certificates of Deposit***

Certificates of deposit that are not debt securities are carried at cost, which approximates fair value because of the short maturities of the certificates of deposit.

**D. *Grants Receivable***

Grants receivable are recognized to the extent of support earned in excess of advances and payments received.

**E. *Supplies Inventory***

Supplies inventory, consisting primarily of pharmaceuticals, is stated at cost using the first-in, first-out method.

**F. *Property and Equipment***

Public Health Solutions capitalizes property and equipment valued at \$5,000 or greater. Capital assets are stated at cost at the date of acquisition or fair value at the date of contribution, if donated. Public Health Solutions retains assets purchased with grantor restricted funds, unless the grantor requests that such equipment be returned. Purchases of property and equipment reimbursed by governmental funding sources and for which the contractual agreement specifies that title to these assets rests with the governmental funding sources are expensed.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Equipment, furniture and fixtures are depreciated over a five-year estimated useful life using the straight-line method. Leasehold improvements are amortized over the shorter of the lease term or the estimated useful life of the asset. Improvements on premises having no lease are amortized over estimated useful lives of five years. Amortization of fixed assets held under capital leases is included in depreciation and amortization expense.

**G. *Advances to Subcontractors***

Advances to subcontractors consist of advances Public Health Solutions has made to subcontractors under various agreements. The amounts advanced are generally equal to 25 percent of the total grant award and will be offset against expenses incurred by the subcontractor during the grant award year. Unreimbursed allowable expenditures incurred by the subcontractors are recorded as accounts payable prior to final settlement.

**H. *Advances from Government Agencies***

Advances from government agencies and all other sources are deferred when received and recorded as revenue in the period in which the related services are rendered.

**I. *Net Assets (Net Deficit)***

Public Health Solutions' resources are classified and reported based on the existence or absence of donor-imposed restrictions as follows:

- *Without donor restrictions* - include resources not subject to donor-imposed restrictions.
- *With donor restrictions* - include resources subject to donor-imposed stipulations that limit their use either through purpose or time restrictions. When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, donor restricted net assets are reclassified as net assets without donor restrictions and reported as net assets released from restrictions. In addition, net assets with donor restrictions represents those resources subject to donor-imposed stipulations that they be maintained intact in perpetuity by Public Health Solutions.

**J. *Contributions***

Public Health Solutions records contributions of cash and other assets when an unconditional promise to give is received from a donor. Contributions are recorded at the fair value of the assets received and are classified as either net assets without donor restrictions or net assets with donor restrictions support depending on the existence of any donor restrictions.

Donor-restricted contributions whose restrictions are met in the same reporting period are reported as contributions without donor restrictions.

Material contributions of noncash assets are recorded at their fair value in the period received.

**K. *Government Grants, Service Contracts and Medical Reimbursement Revenue***

Public Health Solutions' grants and contracts are primarily expense reimbursement agreements; however, some arrangements are performance based.

The terms under which government grants are awarded for reimbursement of actual expenditures are within the grant period. Funds are received in either predetermined installments or in increments based on estimated or actual expenditures for the period. When grants end, unexpended funds received are returnable to the grantor. Accordingly, grant income under these awards is recognized in amounts equal to actual expenditures incurred.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Any deficiency or excess of receipts under or over actual expenditures incurred is reported in the financial statements under the appropriate captions "Grants receivable" or "Advances from government and other agencies."

For performance-based agreements, revenue is recognized when performance goals are met and/or contract deliverables are completed.

Service contract revenue and medical reimbursement revenue are recognized at the time the contractual service is delivered.

**L. *Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**M. *Functional Expense Allocation***

The costs of providing various programs and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail for the functional expenses with the result that certain natural costs are allocated among the programs and supporting services benefited. Accordingly, the statements of functional expenses report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include: salaries, payroll taxes and fringe benefits which are allocated based on time and effort reporting; and depreciation and amortization which are direct charged based on specific identification of program assets. A combination of allocation bases are used for occupancy, supplies, communications, maintenance and repairs, postage, and equipment rental expenses. Where these costs are incurred for Public Health Solutions' 40 Worth Street location, they are allocated to the functional areas based on the number of workstations each area occupies. The remaining costs in this group are directly charged based on specific identification to program activities.

**N. *Fair Value Measurements***

Fair value measurements are based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy prioritizes observable and unobservable inputs used to measure fair value into three levels, as described in Note 6.

Effective for the year ended December 31, 2017, Public Health Solutions adopted the guidance issued by the Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") 2015-07 *Disclosure for Investments in Certain Entities that Calculate Net Asset Value* ("NAV").

Under the amendment, investment in entities for which fair value is calculated using NAV are no longer required to categorize within the hierarchy those investments that use NAV as a practical expedient. Public Health Solutions has reflected the effects of this amendment as of December 31, 2018 and 2017.

**O. *Recent Accounting Pronouncements***

FASB ASU 2016-14, "Not-for-Profit Entities Topic 958" *Presentation of Financial Statements of Not-for-Profit Entities*, was adopted for the year ended December 31, 2018. ASU 2016-14 provides for a number of changes, including the presentation of two classes of net assets and enhanced disclosure on liquidity resources and functional expense allocation. These changes had no impact on the change in net assets for the year ended December 31, 2018. As a result of implementing ASU 2016-14, Public Health Solutions reports net assets in two classes (see Note 2I) and provides additional information about liquidity (see Note 3) and the methodologies used to allocate expenses by function (see Note 2M).

**PUBLIC HEALTH SOLUTIONS**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2018 AND 2017**

**NOTE 3 – LIQUIDITY AND AVAILABILITY OF RESOURCES FOR OPERATING EXPENDITURES**

Financial assets available for general expenditures, without donor or other restrictions limiting their use within one year of the statement of financial position date are as follows:

Cash and cash equivalents	\$ 34,489,773
Certificates of deposit	381,724
Grants receivable	18,272,125
Other receivables	<u>169,142</u>
 Total financial assets	 53,312,764
 Less: net assets with donor restrictions	 <u>(92,222)</u>
	 <u>\$ 53,220,542</u>

The majority of Public Health Solutions' expenditures are incurred for New York City funded programs and federally funded programs (representing approximately 82% of all expenditures in 2018). These expenditures present no liquidity risk for Public Health Solutions because New York City pre-funds expenditures made for its program purposes in advance, and because Public Health Solutions can draw down federally funded dollars as soon as expenditures are processed through accounts payable. In addition, foundations, which make up about 8% of Public Health Solutions' revenue, generally pay the full award amount at the time of award regardless of the period over which the expenditures will be made, again pre-funding expenditures for the obligations that arise from these activities.

Interim cash needs for non-City, federal, or foundation funded projects are managed via Public Health Solutions' vigilant receivables management, careful budgeting, and continuous cash management, processes. In the event of any temporary, short-term deficiency, Public Health Solutions has access to a \$2.246 million internal cash reserve, certificates of deposit, and a revolving credit facility with Public Health Solutions' financial institution.

In management's judgment, the pre-funding and advances along with its careful management of cash and other financing arrangements will enable Public Health Solutions to meet its working capital needs in 2019 and beyond.

**NOTE 4 – CONCENTRATION OF CREDIT RISK**

The financial instruments that potentially subject Public Health Solutions to concentrations of credit risk consist principally of cash and cash equivalents, certificates of deposit, and grants and service reimbursement receivables.

At times during the year, Public Health Solutions' cash balances and certificates of deposit may exceed the limits of Federal Deposit Insurance Corporation ("FDIC") insurance coverage. As of December 31, 2018 and 2017, Public Health Solutions' uninsured cash balances and certificates of deposit, in one bank, totaled approximately \$37.3 million and \$35.4 million, respectively. Management does not anticipate nonperformance by the financial institution and believes that the credit risk related to these accounts is negligible.

Grants and service reimbursement receivables' credit risk is limited due to the nature of the grants and the services. Public Health Solutions regularly monitors its grant and service reimbursement receivables by investigating delayed payments and differences when payments received do not conform to the amount billed. Public Health Solutions considered all grant and service reimbursements receivables at December 31, 2018 and 2017 as collectible.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 5 – PROPERTY AND EQUIPMENT**

Property and equipment consisted of the following as of December 31:

	<u>2018</u>	<u>2017</u>	<u>Estimated Useful Lives</u>
Leasehold improvements	\$ 4,186,648	\$ 4,054,504	5 to 10 Years
Equipment, furniture and fixtures	<u>1,639,337</u>	<u>1,411,607</u>	5 Years
Total cost	5,825,985	5,466,111	
Less: Accumulated depreciation and amortization	<u>(4,217,752)</u>	<u>(3,885,635)</u>	
Net book value	<u>\$ 1,608,233</u>	<u>\$ 1,580,476</u>	

Depreciation and amortization expense amounted to \$362,577 and \$652,612 for the years ended December 31, 2018 and 2017, respectively. During the years ended December 31, 2018 and 2017, Public Health Solutions wrote-off fully depreciated property and equipment of \$30,460 and \$1,424,738, respectively.

**NOTE 6 – PENSION PLANS**

Public Health Solutions has a frozen defined benefit pension plan (the “Plan”) covering certain employees who completed 1,000 hours of service for each of the five years required to vest. The Plan calls for benefits to be paid to eligible employees at retirement based primarily on years of service and average salary, as defined.

Plan valuation for funding purposes and for financial reporting purposes is prepared using the required projected unit credit method. Public Health Solutions' policy is to fund the pension expenses determined by the projected unit credit method, subject to the Internal Revenue Service funding limitation rules.

The obligations and funded status of the Plan was as follows:

	<u>2018</u>	<u>2017</u>
Benefit obligation at December 31	\$ (58,832,390)	\$ (64,934,585)
Fair value of Plan assets at December 31	<u>40,495,446</u>	<u>41,393,299</u>
Net unfunded status of the Plan at December 31	<u>\$ (18,336,944)</u>	<u>\$ (23,541,286)</u>
Net periodic benefit cost	<u>\$ 1,104,894</u>	<u>\$ 340,891</u>
Accumulated benefit obligation at December 31	<u>\$ (58,832,390)</u>	<u>\$ (64,934,585)</u>
Employer contributions	<u>\$ 2,709,712</u>	<u>\$ 2,103,965</u>
Benefits paid	<u>\$ 3,386,273</u>	<u>\$ 3,466,598</u>

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

	2018	2017
Accrued pension liability recognized in the statement of financial position	<u>\$ 18,336,944</u>	<u>\$ 23,541,286</u>
Net unrecognized actuarial loss included in net assets without donor restrictions	<u>\$ 35,097,932</u>	<u>\$ 38,697,228</u>

The change in net unrecognized actuarial loss included the following:

	2018	2017
January 1, net unrecognized actuarial loss included in net assets without donor restrictions	\$ 38,697,456	\$ 37,076,172
Actual return on plan assets	(566,875)	(5,504,839)
Expected return on plan assets	2,201,939	2,877,496
Actuarial (gain) loss	(4,727,324)	4,659,530
Amortization of net loss	(1,295,431)	(1,162,340)
Plan expenses paid	<u>788,167</u>	<u>751,437</u>
December 31, net unrecognized actuarial loss included in net assets without donor restrictions	<u>\$ 35,097,932</u>	<u>\$ 38,697,456</u>

Other changes in plan assets and benefit obligations recognized in the change in net assets without donor restrictions for the years ended December 31, were as follows:

	2018	2017
Net (gain) loss	\$ (2,304,093)	\$ 2,783,624
Amortization of net loss	<u>(1,295,431)</u>	<u>(1,162,340)</u>
Total recognized in change in net assets without donor restrictions	<u>\$ (3,599,524)</u>	<u>\$ 1,621,284</u>
Total recognized in net periodic pension cost and change in net assets without donor restrictions	<u>\$ (2,494,630)</u>	<u>\$ 1,962,175</u>

The estimated net loss for the pension plan that will be amortized from the net asset without donor restrictions balance into net periodic benefit cost over the next fiscal year is \$1,165,341.

The following table provides weighted average assumptions and certain other information for the Plan:

	2018	2017
The weighted average assumptions used to determine benefit obligations were as follows:		
Discount rate	4.22%*	3.61%*
The weighted average assumptions used to determine net periodic benefit costs were as follows:		
Discount rate	3.62%	4.11%
Expected long-term return on plan assets	7.50%	7.50%

\* Single effective rate representing end of year benefit obligation determined by applying the individual spot rates from the bond yield curve to each future year's cash flows.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

The expected long-term rate of return on assets assumption represents the average earnings rate expected on the funds invested or to be invested to cover the accumulated benefit obligation. The assumption reflects expectations regarding future rates of return for the investment portfolio, with consideration given to the distribution of investments by asset class and historical rates of return for each individual asset class.

Estimated future benefit payments based on expected future service for each of the five years subsequent to December 31, 2018 and in the aggregate for the five years thereafter are as follows:

2019	\$	3,687,626
2020		3,701,807
2021		3,677,801
2022		3,684,633
2023		3,634,944
2024-2028		18,064,753

**Investment Policies and Strategies**

State Street Bank & Trust Company is the custodian for all Plan funds.

The Plan is managed under a diversified investment program with the goals of capital preservation and income generation. Plan assets are allocated among specialized long-term investment strategies designed to maximize total return while minimizing the risk of loss of principal and the erosion of principal due to inflation.

The primary means by which capital preservation is to be achieved is through the diversification of the Plan's investments across asset classes. The appropriate level of risk for the Plan is determined by examining the risk and reward of numerous asset allocation alternatives.

The adopted asset allocation policy as of December 31, 2018 was as follows:

	<u>Target</u>	<u>Range</u>
Domestic Equity - Large Cap	10.40%	5.40 – 15.40%
Domestic Equity - Small Cap	9.60%	4.60 – 14.60%
International Equity - Developed	12.00%	7.00 – 17.00%
International Equity - Emerging Markets	6.50%	1.50 – 11.50%
Fixed Income - Core	10.00%	5.00 – 15.00%
Fixed Income - High Yield	2.50%	0.00 – 7.50%
Real Estate	12.80%	7.80 – 17.80%
Hedge Fund of Funds	3.50%	0.00 – 8.50%
Real Assets	5.20%	0.00 – 10.20%
Multi-Asset Class Strategies	13.50%	8.50 – 18.50%
Private Market - Debt	5.00%	0.00 – 10.00%
Private Market - Equity	9.00%	4.00 – 14.00%

The Plan's Trustees desire to achieve investment results that will culminate in promised plan benefits being ultimately paid to plan participants and their beneficiaries. Benefits will be paid from a combination of employer contributions and investment earnings of the Plan's assets. The amount the employer is obligated to contribute to the Plan is dependent on the performance of the invested assets.

It is the intention of the Trustees to allow each Investment Manager discretion in investing the account it manages on the Plan's behalf (its "Account") within the scope of the Plan's statement of overall investment objectives and policy, and any legal documentation such as prospectuses or other representations and warranties.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
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**NOTE 6 – PENSION PLANS (Continued)**

The Plan will invest in:

Six commingled funds, managed by State Street Global Advisors:

- S&P 500 Index Fund
- Russell 2000 Index Fund
- Passive Bond Market Index Fund
- SSgA Daily MSCI EAFE Index Non-Lending Fund
- MSCI Emerging Markets Index Fund
- SSgA Real Asset Non-Lending Fund

Three funds, managed by Neuberger Berman:

- The Neuberger Berman High Income Bond R6 Fund (NRHIX)
- The Neuberger Berman Private Debt Fund
- The Neuberger Berman Crossroads XXI Fund (Private Equity)

An open-ended real estate fund, managed by UBS Realty Advisors:

- UBS Trumbull Property Fund

An open-ended hedge fund of funds, managed by Aetos Capital:

- Capital Growth Portfolio

A fund managed by Pomona Capital:

- Pomona Capital IX

A fund managed by Wellington Management:

- Wellington Atlas

A fund managed by Invesco:

- Invesco Balanced Risk Allocation

The investment strategies used will be determined by mutual consent of the Trustees and the investment managers, and no changes in the accounts will be made without the mutual consent of both parties.

The expected long-term rate of return on assets is between 7% and 8% per annum. The assumption is based on the investment consultant's projected returns for each major category. The assumptions combine a historical and forward-thinking approach. The building blocks approach is utilized to determine the major categories' assumptions. The 10-year Treasury Strip is used as the initial building block for a number of reasons. The yield on the 10-year Treasury Strip is a guaranteed payment in ten years, which would correspond to a more predictable risk-free rate. In addition, it has the same horizon that the capital market assumptions are intended to forecast.

The next building block for the equity assumptions is the risk premium. The equity risk premium is determined by taking into account various white papers, presentations, and interviews with thought leaders and industry experts coupled with the consultant's view of the economic environment. For each equity category, various additions to this premium are made based on the specific asset class.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

For fixed income, the consultant begins with the risk-free rate adding various premia based on historical spread and default risk, mindful of specific characteristics relevant to each asset class.

A similar approach is taken in the alternative space to develop assumptions for real estate, hedge funds and commodities. The fixed income framework is applied for real estate.

In order to allow for uncertainties associated with forecasting capital market assumptions, the consultant uses stochastic modeling for all asset allocation studies, which provides a broad range of possible outcomes. Stochastic modeling generates a thousand iterations or possible outcomes, which are then averaged to present results for further analysis, including the probability of achieving a particular outcome. Asset allocation studies include return and wealth percentile charts that emphasize the range of probable outcomes.

**Significant Concentrations of Risk**

Investments within each major category are diversified among type of investment, sectors within the investment and weight in the total account to reduce concentration risk. The major categories can be categorized from least risky to most risky in terms of investment mandate as follows: domestic fixed income, real estate, high yield fixed income, large cap equity, small cap equity, international equity and emerging markets equity.

**Fair Value Measurements of Plan Assets**

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Valuations based on quoted prices (unadjusted) in an active market that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Valuations based on observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Valuations based on unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The three levels denote a classification of the inputs used to measure fair value and are not intended to provide an indication of the quality or safety of the investments and other financial assets.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

The Plan's financial assets measured at fair value on a recurring basis as of December 31, 2018 were classified in the table below in one of the three categories as defined above:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash Equivalents and Receivables for Securities Sold	\$ 2,470,109	\$ -	\$ 2,470,109
Private Debt	-	601,451	601,451
Subtotal	<u>\$ 2,470,109</u>	<u>\$ 601,451</u>	<u>\$ 3,071,560</u>
Common/Collective Trusts – NAV as a practical expedient:			
Domestic Equity – Large Cap			4,293,286
Domestic Equity – Small Cap			3,982,558
International Equity			5,010,408
Emerging Markets Equity			<u>2,688,594</u>
Total Common Collective Trusts			<u>15,974,846</u>
Registered Investment Company – NAV as a practical expedient:			
Domestic Fixed Income			4,108,973
Real Asset			2,131,269
Multi-Asset Class Strategies			5,021,882
Fixed Income High Yield			<u>1,035,120</u>
Total Registered Inv. Company			<u>12,297,244</u>
Partnership/Joint Venture Interest – NAV as a practical expedient:			
Real Estate			4,794,807
Hedge Fund of Funds			<u>2,017,823</u>
Total Partnership/Joint Venture Interest			<u>6,812,630</u>
Private Equity			<u>2,339,166</u>
 Total Plan Assets			 <u>\$ 40,495,446</u>

The changes in assets measured at fair value for which the Plan has used Level 3 inputs to determine fair value are as follows for the year ended December 31, 2018:

<u>Level 3 Reconciliation</u>						
	Balance, January 1, 2018	Advisory, Managemen t and Performance Fees	Investment Income	Realized and Unrealized Gains	Balance, December 31, 2018	Change in Unrealized Gain (Loss) for Investments Still Held at December 31, 2018
Private Debt	<u>\$ 998,620</u>	<u>\$ (21,638)</u>	<u>\$(406,843)</u>	<u>\$ 31,312</u>	<u>\$ 601,451</u>	<u>\$ 28,823</u>

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

The Plan's financial assets measured at fair value on a recurring basis as of December 31, 2017 were classified in the table below in one of the three categories as defined above:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash Equivalents and Receivables for Securities Sold	\$ 340,677	\$ -	\$ 340,677
Private Debt	-	998,620	998,620
Subtotal	<u>\$ 340,677</u>	<u>\$ 998,620</u>	<u>\$ 1,339,297</u>
Common/Collective Trusts - NAV as a practical expedient:			
Domestic Equity – Large Cap			6,108,555
Domestic Equity – Small Cap			5,715,276
International Equity – Developed			6,415,033
Emerging Markets Equity			<u>3,344,730</u>
Total Common Collective Trusts			<u>21,583,594</u>
Registered Investment Company – NAV as a practical expedient:			
Domestic Fixed Income			6,396,099
Real Assets			2,133,593
Fixed Income High Yield			<u>2,015,112</u>
Total Registered Inv. Company			<u>10,544,804</u>
Partnership/Joint Venture Interest – NAV as a practical expedient:			
Real Estate			4,670,260
Hedge Fund of Funds			<u>2,057,157</u>
Total Partnership/Joint Venture Interest			<u>6,727,417</u>
Private Equity			<u>1,198,187</u>
Total Plan Assets			<u>\$ 41,393,299</u>

The changes in assets measured at fair value for which the Plan has used Level 3 inputs to determine fair value are as follows for the year ended December 31, 2017:

<u>Level 3 Reconciliation</u>						
	<u>Balance, January 1, 2017</u>	<u>Advisory, Management and Performance Fees</u>	<u>Investment Income</u>	<u>Realized and Unrealized Gains</u>	<u>Balance, December 31, 2017</u>	<u>Change in Unrealized Gain (Loss) for Investments Still Held at December 31, 2017</u>
Private Debt	<u>\$1,364,897</u>	<u>\$ (24,827)</u>	<u>\$(341,027)</u>	<u>\$ (423)</u>	<u>\$ 998,620</u>	<u>\$ (4,423)</u>

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

The following table sets forth additional disclosures of Public Health Solutions Pension Plan's investments whose fair value is determined by using Level 3 inputs and whose fair value is measured using the net asset value (NAVs) per share practical expedient as of December 31, 2018:

<u>Investment Objective</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Real Estate	\$ 4,794,807	\$ -	Quarterly	60 days
Hedge Fund of funds	2,017,823	-	Quarterly	60 days
Private Equity	2,339,166	3,420,193	-	-
Private Debt	<u>601,451</u>	<u>389,431</u>	-	-
	<u>\$ 9,753,247</u>	<u>\$ 3,809,624</u>		

The following table sets forth additional disclosures of Public Health Solutions Pension Plan's investments whose fair value is determined by using Level 3 inputs and whose fair value is measured using the net asset value (NAVs) per share practical expedient as of December 31, 2017:

<u>Investment Objective</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Real Estate	\$ 4,670,260	\$ -	Quarterly	60 days
Hedge Fund of funds	2,057,157	-	Quarterly	60 days
Private Equity	1,198,187	1,400,000	-	-
Private Debt	<u>998,620</u>	<u>754,367</u>	-	-
	<u>\$ 8,924,224</u>	<u>\$ 2,154,367</u>		

Public Health Solutions' policy is to recognize transfers in and transfers out as of the beginning of the reporting period of the event or change in circumstance that caused the transfer. There was no transfer between levels as of December 31, 2018 and 2017.

In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs, such as prices and other relevant information generated by market transactions involving identical or comparable assets ("market approach"), and minimize the use of unobservable inputs to the extent possible, and also considers counterparty credit risk.

The following is a description of the valuation methodology used for assets at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

**Common/Collective Trusts:**

The Plan's interests in the common/collective trusts are valued using the net asset value ("NAV") provided by the administrator of the trust and are based on the value of the underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding.

**Registered Investment Companies:**

The investments in registered investment companies are valued at the NAV of shares held by the Plan at year-end as provided by the investment manager. The underlying investments are generally valued using market quotations or prices obtained from independent pricing services.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 6 – PENSION PLANS (Continued)**

**Partnership/Joint Venture Interests and Hedge Fund of Funds:**

The fair value of the investments in partnership/joint venture interests and hedge fund of funds is provided by the general partner or fund manager, and may be based on historical cost, appraisals, obtainable prices for similar assets or other estimates. Some of the funds are valued using NAVs provided by the underlying investment managers as a practical expedient.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Redemption terms vary among the funds ranging to a maximum requirement of 120 days' notice. There were no redemption restrictions as of December 31, 2018 and 2017.

Public Health Solutions plans to contribute approximately \$3,282,000 in cash or cash and credits to fund the Plan in 2019.

**Other Plans**

In an effort to help stabilize future pension costs, Public Health Solutions' Board of Directors froze the defined benefit plan as of December 31, 2006, and a new defined contribution plan, the Retirement Savings Plan, was established for employees effective January 1, 2007.

The Retirement Savings Plan is a self-directed 403(b) plan open to all non-union employees. Under the Retirement Savings Plan's provisions, Public Health Solutions contributes a percentage of eligible pay, on a sliding scale based on years of service in the form of basic and transition funds, and matches employee contributions to a maximum of two percent of pay. For the years ended December 31, 2018 and 2017, Public Health Solutions contributed \$936,260 and \$1,009,294, respectively, to the Retirement Savings Plan. Employees vest in the employer match after three years of service. The Retirement Savings Plan offers a variety of investment choices including a range of lifecycle funds and is fully portable. All of the Retirement Savings Plan's assets, which totaled \$34,615,613 and \$36,462,609, respectively, on December 31, 2018 and 2017, were administered by Vanguard Fiduciary Trust Company in 2018 and 2017.

Effective January 1, 1978, Public Health Solutions adopted a 403(b) Tax Deferred Annuity ("TDA") Plan for all employees. The TDA is funded solely by employee contributions. In conjunction with the opening of the Retirement Savings Plan, the TDA was closed to additional active employee contributions effective January 1, 2007. All of the TDA's assets, which totaled \$12,895,598 and \$13,843,979, respectively, on December 31, 2018 and 2017, are administered by TIAA-CREF, Mutual of America, and Mass Mutual (formerly The Hartford).

Effective April 7, 2003, Public Health Solutions adopted a nonqualified 457(b) Deferred Compensation Plan for highly compensated employees. The Plan is funded solely by employee contributions. All of the Plan's assets, which totaled \$493,602 and \$652,483, respectively, on December 31, 2018 and 2017, are administered by TIAA-CREF and Vanguard.

During the years ended December 31, 2018 and 2017, Public Health Solutions contributed \$64,973 and \$38,727, respectively, into a multi-employer defined contribution pension plan for all union employees.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 7 – LINE OF CREDIT**

At December 31, 2018 and 2017, Public Health Solutions had a five million dollar line of credit with a financial institution. The line of credit had outstanding balances of \$2,650,000 as of December 31, 2018 and 2017. The line expires on September 10, 2019 and is collateralized by Public Health Solutions' receivables, and carries interest at one-quarter percent below the Prime Rate (amounting to an interest rate of 5.25% and 4.25% as of December 31, 2018 and 2017, respectively). Management expects to renew the line of credit upon expiration. Interest expense incurred for the line of credit amounted to \$96,179 and \$81,287 for the years ended December 31, 2018 and 2017, respectively. As of September 26, 2019, there was \$2,650,000 borrowed.

**NOTE 8 – NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with donor restrictions as of December 31, 2018 and 2017 amounted to \$92,222 and \$92,211, respectively. The funds were received from donors to be used to support Public Health Solutions' programs.

Net assets released from restrictions for the years ended December 31, 2018 and 2017 were released by incurring expenses satisfying the program restrictions and the expiration of time restrictions specified by the donors.

**NOTE 9 – LEASE COMMITMENTS**

Public Health Solutions holds 16 operating lease commitments (one for administrative offices and 15 for project services) that have expiration dates through 2032. The following is a yearly schedule of future minimum rental commitments under these leases:

<u>Year Ending December 31,</u>	<u>Amount</u>
2019	\$ 5,345,685
2020	5,323,202
2021	5,184,277
2022	3,269,327
2023	2,297,811
Thereafter	<u>9,994,967</u>
Total	<u>\$ 31,415,269</u>

Public Health Solutions anticipates that as leases expire new leases will be entered into at rentals which are not less than those previously paid for the equivalent facilities. Rent expense totaled approximately \$5,889,000 and \$5,421,000 in 2018 and 2017, respectively.

**NOTE 10 – CONTINGENCIES**

- A. Grant awards received from governmental agencies provide grantors the right to audit transactions charged to projects and services rendered by Public Health Solutions with right of reimbursement. One audit was conducted in 2018 and it is management's opinion that no material liability exists that could affect the financial statements in connection with the audit.
- B. In the normal course of its operations, Public Health Solutions is a defendant or co-defendant in various legal proceedings, including medical malpractice and employment claims. While the ultimate outcomes of such proceedings cannot be determined with certainty, management does not expect the resolution of the legal proceedings brought against it to have a material adverse effect on Public Health Solutions' financial position.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 10 – CONTINGENCIES (Continued)**

At the end of 2018, there was one pending medical malpractice lawsuit against Public Health Solutions. In this case, all medical decisions related to care were made by two physicians who have been impleaded into the case. The case is scheduled for trial on November 13<sup>th</sup>, 2019. The outside attorneys representing Public Health Solutions have opined that in the slight chance of an adverse verdict, it is not likely that the damages would reach Public Health Solutions' insurance due to the large insurance coverage of the physicians.

- C. Effective July 1, 2010, Public Health Solutions changed its employee health insurance program from an indemnification plan to a self-insured plan. Under self insurance, Public Health Solutions pays administrative fees, stop-loss insurance premiums, and the actual cost of claims to the plan's third-party administrator. Claim costs are capped under the terms of the stop-loss protection. However, there are typically other assets and liabilities to consider in evaluating a self-insured plan's total run-out costs. These include the imprest balance or letter of credit, pharmacy rebate accruals and run-out cost of immature administrative fees. In the case of Public Health Solutions however, there are no pharmacy rebates paid to the plan sponsor and the administrative fee is mature, leaving Public Health Solutions with no administrative cost liability in the event of plan termination. As of December 31, 2018 and 2017, the plan's third-party administrator was holding a letter of credit of \$63,500 as collateral for the imprest balance. Such letter of credit was secured by certificates of deposit held by Public Health Solutions.

The plan's cost also incorporates a health insurance reserve, which is an estimate of incurred, but unreported medical claims. The reserve estimate, developed by Public Health Solutions' benefits consultant's actuary, is based on a chain ladder approach, wherein historical claim payout patterns were evaluated and averaged in order to estimate the outstanding liability of claims incurred prior to year-end. The estimated loss reserve of approximately \$485,000 and \$576,000 as of December 31, 2018 and 2017, respectively, is included in accounts payable and accrued liabilities in the accompanying financial statements. Public Health Solutions intends to continue monitoring claims experience, claims cost, and the adequacy of the reserve requirement.

- D. In October 2017, Public Health Solutions was served with a Civil Investigative Demand by the U.S. Attorney's Office for the Southern District of New York and in December 2017, Public Health Solutions was served with an identical subpoena by the New York State Attorney General. The governments have not disclosed the exact nature of their investigation, but they are apparently focused on billing practices by Public Health Solutions' now discontinued Early Intervention Services Coordination Program. As of December 31, 2018, Public Health Solutions continues to cooperate with the governments' investigation. Public Health Solutions government funders have been advised of the investigation, as required. Legal counsel is unable to evaluate the likelihood of a favorable or unfavorable outcome or estimate the range of potential loss.
- E. Public Health Solutions believes it has no uncertain income tax positions as of December 31, 2018 and 2017 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 2015.

**NOTE 11 – RELATED-PARTY TRANSACTIONS**

As a major player in New York City's public health arena, Public Health Solutions seeks and obtains Board of Director candidates from a wide range of hospitals, universities and other New York City area organizations that provide health services or are otherwise connected to the public health field. In addition, Article 1, Sections 2 and 4 of Public Health Solutions' by-laws mandate the appointment of two local public health officials as ex-officio Directors; the Commissioner of the New York City Department of Health, and the President of the New York City Health & Hospitals Corporation. Together, all of these individuals bring indispensable skills and expertise to Public Health Solutions' Board of Directors. However, due to the broad scope of services 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.

**PUBLIC HEALTH SOLUTIONS  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2018 AND 2017**

**NOTE 11 – RELATED-PARTY TRANSACTIONS (Continued)**

The total amount contracted with such agencies and organizations approximated \$230 million and \$228 million in 2018 and 2017, 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.

**NOTE 12 – SUBSEQUENT EVENTS**

Management has evaluated events subsequent to the date of the statement of financial position through September 26, 2019, the date the financial statements were available to be issued.

**PUBLIC HEALTH SOLUTIONS  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

<u>Federal Grantor/Pass-Through Grantor/Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>	<u>Amounts Provided to Subrecipients</u>
U.S. Department of Health and Human Services:				
Public Health Emergency Preparedness: Emergency Preparedness	93.069		\$ 16,776,542	\$ 11,590,136
Adult Viral Hepatitis Prevention and Control: Auxiliary Perinatal Hepatitis B Prevention Program	93.270		85,143	-
Family Planning Services: Family Planning Services - Title X	93.217		4,892,743	2,278,053
National Bioterrorism Hospital Preparedness Program: Hospital Preparedness Program - HPP	93.889		7,789,839	5,018,866
Mental Health Research Grants: Scale-up of an Internet-Delivered Randomized Controlled Trial for HIV+Men	93.242		95,257	-
Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance – financed in part by the Prevention and Public Health Fund (PPHF): PPHF 2014: NYCDOHMH Immunization Infrastructure Enhancements to Meet Interoperability Requirements AFIX Assessments Standards for Adult Immunization Increase HPV Vaccine Adolescents	93.733		156,361 144,609 452,696 256,409 1,010,075	- - - - -
Healthy Start Initiative: Healthy Start Initiative	93.926		714,122	296,319
Pass-Through from Fund for Public Health in New York:				
Healthy Start Initiative: Healthy Start Brooklyn	93.926	82628	3,990 718,112	- 296,319
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities: NYC DOHMH HPP Ebola Part A NYC DOHMH HPP Ebola Part B	93.817		1,593,249 123,635 1,716,884	1,039,592 51,928 1,091,520
Pass-Through from Emory University:				
HIV Demonstration, Research, Public and Professional Education Projects: Mobile Messaging Intervention	93.941	T679257, T854380	118,162	-

**PUBLIC HEALTH SOLUTIONS  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

<u>Federal Grantor/Pass-Through Grantor/Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>	<u>Amounts Provided to Subrecipients</u>
Pass-Through from New York City Department of Health and Mental Hygiene: HIV Emergency Relief Project Grants: Ryan White	93.914	H89HA00015-28-01	\$ 85,699,149	\$ 62,632,528
HIV Prevention Activities - Health Department Based:	93.940			
HIV Prevention Program		2U62PS223460-06-2, U62PS005013, 10AE002501R2X00	15,390,982	7,767,185
Human Immunodeficiency Virus (HIV)/Acquired: HIV Prevention DOHMH	93.944	10AE002501R2X00	214,901	-
Preventive Health Services Sexually Transmitted Diseases Control Grants: STD Prevention	93.977	10AE002501R2X00	6,480	-
HIV Prevention Activities-Non-Governmental Organization Based:	93.939			
Capacity Building Assistance for High-Impact HIV Prevention		1U65PS00451-01, 1S65PS00451-01	262,640	-
TANF Cluster: Temporary Assistance for Needy Families: PHS Nurse Family Partnership	93.558	15FN000301R0X00	639,540	-
Medicaid Cluster: Pass-Through from New York State Department of Health: Medical Assistance Program: IPA Navigator Program MICHC Consumer Assistance for Aged, Blind and Disabled	93.778	C028889 C028971 C029904	422,652 208,053 1,296,526 1,927,231	- - 304,708 304,708
Children's Health Insurance Program: IPA Navigator Program	93.767	C028889	70,442	-
Maternal and Child Health Services Block Grant to the States: MIC-Women's Health Service MCH	93.994	C027053	90,437	-
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program: NFP - State	93.505	DOH01-C33786GG-3450000	107,947	-
Pass-Through from Research Foundation of the State University of New York: Maternal and Child Health Services Block Grant to the States: SIDS Info Counseling	93.994	RF#73032-2-112840	1,524 199,908	- -
Pass-Through from NYS Office of Children and Family Services Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program: Healthy Families Corona	93.505	C028080, C028304	375,712	-
Pass-Through from Fund for Public Health in New York Partnerships to Improve Community Health: Partnership to Improve Community Health	93.331	82256	11,953	-
Pass-Through from New York City Department of Health & Mental Hygiene: Special Projects of National Significance: Project Succeed HIV Prevention DOHMH Administration - RW Part F	93.928	1 U90HA30517-01-0 10AE002501R2X00	29,188 3,600 32,788	- - -
Pass-Through from The Trustees of Columbia University: Minority Health and Health Disparities Research: Culture and HIV Risk in a Diverse Population MyPeeps Mobile to Improve HIV	93.307	GG010626-01 GG011834-01	14,944 68,615 83,559	- - -

**PUBLIC HEALTH SOLUTIONS  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

<u>Federal Grantor/Pass-Through Grantor/Program or Cluster Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>	<u>Amounts Provided to Subrecipients</u>
Pass-Through from National Development and Research: Child Health and Human Development Extramural Research: Understanding the Impact of Abuse on Men's Risk Behavior	93.865	655B	\$ 24,970	\$ -
Pass-Through from Health Research Inc.: Pregnancy Assistance Fund Program: Building Supportive Communities for Young Families in New York City-Pathways to Success	93.500	5699-01/6SP1AH000	310,927	-
Public Health Emergency Response: Opioid Public Health Crisis Response	93.354	5980-01	12,019 322,946	- -
Pass-Through from Emory University: Prevention of Disease, Disability, and Death by Infectious Diseases: Emory Camp	93.084	N/A	5,168	-
Pass-Through from The General Hospital Corporation Prevention of Disease, Disability, and Death by Infectious Diseases Global Travelpinet	93.084	229507	42,267 47,435	- -
Total Funded by U.S. Department of Health and Human Services:			138,513,393	90,979,315
U.S. Department of Agriculture: Pass-Through from New York State Department of Health: Special Supplemental Nutrition Program for Women, Infants and Children: Women, Infants & Children Supplemental Food Program Women, Infants & Children Supplemental Food Program (Noncash Vouchers) Women, Infants & Children Vendor Consolidation Program	10.557	DOH01-C-30399GG-3 DOH01-C-30399GG-3 D0H01-C-30939GG-3	9,553,767 30,159,171 2,138,310 41,851,248	- - - -
SNAP Cluster: Pass-Through from NYS Office of Temporary and Disability Assistance: State Administrative Matching Grants for the Supplemental Nutrition Assistance Program: T- SNAP	10.561	TDA01-C00225GG-34	270,580	-
Total Funded by U.S. Department of Agriculture			42,121,828	-
U.S. Department of Labor: Pass-Through from New York State Department of Labor: Compensation and Working Conditions: Fatal Occupational Injuries	17.005	C015071	86,138	-
Total Funded by U.S. Department of Labor			86,138	-
U.S. Department of Housing and Urban Development: Pass-Through from New York City Department of Health and Mental Hygiene: Housing Opportunities for Persons with AIDS - HOPWA: HOPWA Transitional Housing	14.241	2U62PS223460-06-2	1,648,615	1,045,812
Total Funded by U.S. Department of Housing and Urban Development			1,648,615	1,045,812
Amounts Provided to Subrecipients				\$ 92,025,127
Total Expenditures of Federal Awards			\$ 182,369,974	

**PUBLIC HEALTH SOLUTIONS  
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**NOTE 1 – BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Public Health Solutions (the "Organization") for the year ended December 31, 2018. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, (*Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*) (the "Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to, and does not, present the financial position, changes in net assets, or cash flows of the Organization.

The Schedule includes Women, Infants and Children ("WIC") Supplemental Food Program checks redeemed totaling \$30,159,171, which are not recognized as revenue or expense in Public Health Solutions' financial statements. Such amount represents checks distributed directly by the New York State Department of Health to clients screened at Public Health Solutions' WIC clinic sites.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported on the Schedule are reported on the accrual basis of accounting except for amounts passed through to subrecipients, which are reported on a cash basis. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or limited as to reimbursement.

**NOTE 3 – INDIRECT COST RATES**

The Organization has a federal approved indirect cost rate and therefore cannot use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

The Board of Directors of  
Public Health Solutions

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Public Health Solutions (the "Organization"), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated September 26, 2019.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



New York, NY  
September 26, 2019

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

The Board of Directors of  
Public Health Solutions

**Report on Compliance for Each Major Federal Program**

We have audited Public Health Solutions' (the "Organization") compliance with the types of compliance requirements described in the *U.S. Office of Management and Budget Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2018. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

***Management's Responsibility***

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

***Auditors' Responsibility***

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States ("GAS"), and the audit requirements of Title 2 U.S. Code of Federal Regulations ("CFR") Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

***Opinion on Each Major Federal Program***

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended December 31, 2018.

## Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



New York, NY  
September 26, 2019

**PUBLIC HEALTH SOLUTIONS  
SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**Section I—Summary of Auditors' Results**

**Financial Statements**

Type of Auditors' report issued:	_____	Unmodified	_____
Internal control over financial reporting:			
Material weaknesses identified?	_____ Yes	_____ X	_____ No
Significant deficiency identified not considered to be material weaknesses?	_____ Yes	_____ X	_____ None reported
Noncompliance material to financial statements noted?	_____ Yes	_____ X	_____ No

**Federal Awards**

Internal control over major program:			
Material weaknesses identified?	_____ Yes	_____ X	_____ No
Significant deficiency identified not considered to be material weaknesses?	_____ Yes	_____ X	_____ None reported
Type of auditors' report issued on compliance for major program:	_____	Unmodified	_____
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance?	_____ Yes	_____ X	_____ No

Identification of major programs:

- CFDA 93.069 – Public Health Emergency Preparedness
- CFDA 93.217 – Family Planning Services
- CFDA 93.940 – HIV Prevention Activities – Health Department Based

Dollar threshold used to distinguish between Type A and Type B programs:	_____	\$3,000,000	_____
Auditee qualified as low-risk auditee?	_____ X	_____ Yes	_____ No

**Section II—Financial Statement Findings**

No matters were reported.

**Section III—Federal Award Findings and Questioned Costs**

No matters were reported.

**PUBLIC HEALTH SOLUTIONS  
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS  
FOR THE YEAR ENDED DECEMBER 31, 2018**

**Prior Year Findings:**

There were no findings in the prior year audit.