We hear this declaration of appreciation every day from clients living with and affected by HIV/AIDS—and we take that very seriously.

As you’ll see on the following pages, in 2016 GMHC continued to evolve its offerings and give our clients ways to find hope—and to give them a sense of safe spaces, community, and home.

For those who have escaped from homes filled with violence, GMHC embraces and helps place them in safer homes so they can heal from the ravages of abuse. For those who are homeless, GMHC links them to stable housing to help them build skills of self-reliance and independence. For those who feel isolated, GMHC provides them with a caring community of people with shared experiences, and people who want to help.

GMHC does all this and more. It’s a place where there is room to realize solutions that address complex problems, to be less hungry, to connect with lifesaving care, and to feel hope.

As we often say to our clients: “Welcome home.”
Welcome to GMHC’s 2016 annual report, reflecting the incredible work we achieved together for our more than 12,600 clients—and all the work we’ve accomplished to help end the AIDS epidemic in New York City, New York State, and beyond.

The year saw some major milestones at the agency, including the further development of our programs and services geared toward transgender people and long-term survivors; workforce development and advancement; nutrition counseling; and legal services for immigrants. We also created nearly a dozen community-specific committees across the agency to better address the needs of all of the populations we serve, with the understanding that we can capitalize on the vast expertise of our staff to help us develop and implement key strategies.

One area we wanted to focus on: housing. It’s true that GMHC itself has been a welcoming home for our clients for 35 years, and that being at GMHC helps our clients feel safe, cared for, and in control of their own health and lives. But we also hear from many of our clients that maintaining stable housing is their top concern—just like it is for so many New Yorkers.

That’s why I’m so proud that GMHC continued to provide a safe harbor for our clients—but in an entirely new way. We launched our first-ever housing programs, which now place clients in a variety of homes throughout New York City. First, GMHC was awarded nearly $1.3 million by the U.S. Department of Justice and the Department of Housing and Urban Development to create a program we call Safety in Housing. Safety in Housing provides crucial housing assistance and supportive services for low-income survivors of intimate-partner violence who are living with HIV/AIDS. The program offers transitional or permanent housing, supplies rental subsidies, and even helps cover security deposits and several months’ rent.

Later in the year, GMHC partnered with the New York City Department of Health and Mental Hygiene’s Housing Opportunities for Persons with HIV/AIDS (HOPWA) program to take over a contract held for 25 units of housing in Brooklyn, Queens, and the Bronx. As in our Safety in Housing program, these housing clients benefit from the full array of GMHC’s services to help them access comprehensive health care, adhere to their HIV medications, seek legal counsel, gain employment skills, and eat nutritious meals. These new programs, in conjunction with our Short-Term Rental Assistance Program (STRAP) and Transitional Care Coordination initiatives, will help ensure that even more of our clients will have a safe, stable home of their own. It’s our belief that stable housing means more stable health, and we hope to continue to grow our housing programs in the years to come.

As we start to commemorate GMHC’s 35th year, I’m mindful of the challenging political and funding environment, even as we know we have the tools to end the epidemic if we make the right investments now. Thank you for being an integral part of our mission and for believing in the important work we do—now and in the future.

Kelsey Louie
Chief Executive Officer
Looking back at 2016 — and toward the future — GMHC continues to help our growing list of clients in new and exciting ways. Thanks to your support, the agency’s finances are stronger than ever, enabling us to have an even greater impact on the campaign to end the epidemic. And thanks to the leadership of CEO Kelsey Louie and his staff, we’re expanding our portfolio to better help our clients in all aspects of their lives. From housing and legal services to testing and workforce job training, we’re continuing to pioneer a holistic approach to HIV prevention and treatment — one that works.

However, even as we continue to expand our services, more people than ever are in need of them. In 2016, we saw a more than 20% increase in the number of clients we served compared to 2015. That means that, in 2016, we served more than 120,000 meals between our dining room and our Keith Haring Food Pantry Program. We conducted more than 4,300 HIV tests and, of those people who tested HIV positive, we connected nearly 90% to medical care to begin treatment. Through these and other efforts, we helped 85% of our HIV-positive clients become or remain virally suppressed. We have also expanded our efforts to counsel those who test HIV negative to remain so through education about PrEP, PEP, and other preventive measures.

As Kelsey and his team have expanded GMHC’s programs to serve more clients, GMHC has also redoubled its efforts as a thought leader in the global response to HIV/AIDS. In 2016, GMHC delivered more than two dozen presentations at conferences across the United States, focusing on the importance of stable housing for survivors of domestic violence, the communities of color most affected by HIV in New York City, and the need for employment services for our trans siblings. GMHC also serves on New York City’s HIV Planning Group, Governor Andrew Cuomo’s Task Force to End the Epidemic, the Board of the National Minority AIDS Council, and other high-profile coalitions that enable us to share best practices and help shape the community response to HIV/AIDS.

And while GMHC’s leadership and advocacy in the field remain core to our mission, we always do so for the ultimate benefit of our clients. Our clients come to our Midtown headquarters and testing center to get help, to learn workforce skills, to eat a nutritious meal, to be linked to health care, and to feel like part of a larger community.

In this regard, more than 91% of surveyed clients said they were satisfied with their experience with GMHC, up from 83.4% in 2014. That means the GMHC team is doing a lot of things right. With your help, we’ll continue to provide the services our clients need to live their healthiest, most productive lives.

On behalf of GMHC’s clients, staff, volunteers, and Board members, thank you.

Roberta Kaplan
Co-Chair, Board of Directors

Michael Harwood
Co-Chair, Board of Directors
In 1997, GMHC opened the David Geffen Center for HIV Prevention and Health Education (also known as the Testing Center). The first facility in New York City to integrate HIV testing with a range of prevention, education, and other services, it offered sensitive pre- and post-test counseling (in English and Spanish), fast results, and sliding-scale fees in a stigma-free, non-judgmental environment.

As the years went on, the services expanded to free STI testing that now includes syphilis, gonorrhea, chlamydia, and hepatitis C. The Testing Center also provides screening and referral for PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis). Additionally, clients who test HIV negative can be connected to extra resources for support to help them stay that way.

“I think the more tests we can offer, the more information we can offer,” said Amanda Mazloom, a test counselor who started as a volunteer in the Testing Center. “When a person is informed, they can make better decisions about their health.”

The Testing Center has Navigation Specialists who are able to talk with a client who has tested positive about next steps, such as linkage to medical care. The Navigation Specialist will try to reserve a medical appointment for an HIV-positive client during their testing visit, or escort them to a partner medical facility nearby. The client can be further linked to other supportive GMHC services including a support group for newly diagnosed people and the Buddy Program, which consists of trained volunteers who visit with newly diagnosed people (and long-term survivors) to provide emotional support.

“It never gets easier to tell someone they are positive, but I consider it a success when we can link a person to care.”

The Testing Center’s level of care is evident by the fact that people come back and are repeatedly tested—as well as the emotional support these people receive.

“There are times when people start crying and share that they haven’t talked with anyone because of shame about the sex they are having,” Amanda said. “They feel relieved there is a safe space to share very personal parts of their life. That’s one of the reasons why I am passionate about the work I do in the Testing Center.”
Corneille Dixon came to GMHC, he had walked 140 blocks with a book bag, two pairs of underwear, and dirty socks. He hadn’t eaten food in days. His addiction to crystal methamphetamine led him into a chaotic relationship with an abusive partner, and he finally managed to escape.

The first GMHC staff person Corneille met with helped him enter a rehabilitation program where he was nursed back to health and into recovery from his addiction.

When he later returned to GMHC, he was introduced to Sakinah Jabbar, Assistant Director of Safety in Housing, a program that helps people living with HIV and AIDS who are homeless or unstably housed because of their experiences with domestic violence, sexual assault, or stalking. These clients are assisted with locating, transitioning into, and retaining stable housing. Safety in Housing also provides cash assistance with security deposits, as well as first month’s rent and/or short-term rental subsidies up to four months.

“When Safety in Housing first started, I thought we would have a lot of women clients and then I realized there were a lot of men,” Sakinah explained. “Intimate partner violence with men is often connected with silence. They don’t think they will be taken seriously because men are stereotypically not supposed to be vulnerable.”

Along with home visits to ensure clients are living stably, Safety in Housing also provides counseling sessions, as well as links clients to supportive services that address medical, legal, and social needs related to intimate partner violence and HIV and AIDS.

“When Safety in Housing is where you come to be safe. There is no blame and no discrimination here.”

“I barely arrived at GMHC. I was on the brink of death.”

“Today I am finally living the way I believed it was meant to be,” Corneille said. “I have an undetectable viral load. I have a supportive network of people. I am continuing with outpatient services and counseling for sexual abuse and substance use. I will even start back to school soon.”
As part of GMHC’s Substance Use services, Re-Charge is a health and wellness program for people who use crystal methamphetamine that is also an open, sex-positive, safe space to learn about safer crystal meth use. GMHC and longtime AIDS service organization Housing Works jointly manage this program, which is specifically designed for gay men and other men who have sex with men, as well as transgender individuals who have sex with men.

The percentage of gay men using crystal meth is rising again—especially in New York City. According to the most recent Centers for Disease Control and Prevention’s (CDC) National HIV Behavioral Surveillance study, crystal meth use by gay men in New York City has more than doubled in the past three years.

“Housing Works focuses on the medical and psychiatric services for crystal meth users that are free of charge,” said Leon Setton, LCSW, Assistant Director of Behavioral Health. “GMHC does community outreach and counseling, health education, and case management. The point of entry for the majority of clients is at GMHC, and then we coordinate their medical appointments.”

Leon hired Giana (“Gigi”) Desir, a transgender woman who came through GMHC’s Workforce Development Program, as a Harm Reduction Counselor. “Gigi is just a joy every day,” Leon said. “She’s new to the field. She’s developing professionally as the program is developing professionally.”

“I love my work because I get to help people deal with drug addiction,” Gigi said. “I had been battling my addiction for 20 years. Currently, I have been sober for five years and I have a special knowledge of what people go through when they are actively using.”

People come to the Re-Charge program actively using crystal meth; there is no abstinence requirement. The program is committed to the practice of harm reduction, meaning that a person can continue to use crystal meth while accessing services. Re-Charge meets people where they are while supporting them to reach their health and wellness goals.
GMHC's Scattered Site Housing program is designed to place 25 clients living with HIV and AIDS, and who have had a history of homelessness or living in a shelter, in their own apartments located across New York City. GMHC is the lease holder for the apartments and manages the relationship with the landlords.

Scattered Site Housing allows its clients to live at a high level of independence while maintaining a connection with the program through monthly home visits, office visits, and group sessions. Case Management connects clients to care services, budget management, and daily living education.

“As a case manager, I provide support to our clients to thrive, and to do better to maintain stable housing,” Dayana Flores said. “We teach our clients how to budget money, and how to clean the apartment and buy supplies. When I visit the apartments each month, I check to make sure there is heat, cold and hot water, electricity, gas for the stove, and that it’s clean.”

Health promotion is a key component to the program. There are twice-monthly workshops on topics including nutrition, how to reduce risk behaviors, viral load education, and improving personal grooming habits. The case managers also escort clients to medical appointments.

“This program is a big deal in New York,” Dayana said. “Housing is not just about handing someone keys to an apartment. There are bigger dynamics to helping our clients move forward in their lives.”

Stable housing for our clients is linked to better employment prospects, reduced emergency room visits, and better health outcomes.

“I had a client who was living in a shelter and the situation was terrible, putting him in danger for risk behaviors to survive—such as using drugs or alcohol or having sex for money,” Dayana said. “When he was placed in an apartment, he couldn’t believe it. He cried and was so grateful. He is now linked to GMHC’s Food Pantry Program and supportive counseling, his health has improved, and he has an undetectable viral load. He is also facilitating HIV-related workshops at other community-based organizations.

“To see someone in need get connected to housing and other services is very meaningful to me.”
The Workforce Development Department began in 2003 because HIV-positive clients started living much longer due to advances in treatment—and needed money to continue living. That reality initiated the creation of the MATCH (Moving Ahead Towards Career Horizons) Program, providing HIV-positive people with vocational and job placement services.

Today, the Workforce Program has clients who are both HIV negative and HIV positive. One reason our work with HIV-negative people expanded was because of the New York State End the Epidemic report, which focuses on ending AIDS at an epidemic level by 2020. Employment is a known prevention tool. Surveys done by professors and doctors have concluded that people who are employed tend to engage in less risky behaviors, maintain housing, and better adhere to medication—thus reducing viral loads to undetectable.

“One of our newer initiatives is to increase placement of transgender individuals in companies,” said April Watkins, Senior Director of Workforce Development. “We’re challenged with finding transgender-friendly employers, though we’ve had some success with a few employers who will hire transgender people based on diversity as well as skills.”

Too often, the job search and hiring process for transgender people is full of challenges, especially if the legal name or gender on an identity document (such as a driver’s license) does not match the outward appearance of the applicant. Once a transgender employee is hired, they may face many forms of harassment and discrimination, including denial of promotions or unfair firing.

GMHC continues to hire transgender people who have initial skills while allowing them to build their work history and gain even more skills to move on with their careers. Giana Desir (also known as Gigi) is one of our success stories, having started out as a part-time community outreach worker educating transgender people about HIV and AIDS, as well as about GMHC’s services. Then a full-time opportunity arose in the Re-Charge Program, which works with people who use crystal methamphetamine—a persistent problem in the gay and transgender communities.

“Knowing that employment is an HIV prevention tool keeps me engaged and inspired.”

Knowing that employment is an HIV prevention tool keeps me engaged and inspired as I witness people change their lives, become stable, go back to school, and become permanently housed,” April said. “It never gets old. I’ve been doing this for 14 years and am challenged every day...still.”
“I had no choice but to come to the Buddy Program. I needed support.” Zaid Annahij found out he was HIV positive in the late 1980s. He arrived at GMHC in the 1990s to become a client and started accessing the Meals and Food Pantry programs, acupuncture and Reiki sessions, and haircuts. More than 20 years after that, almost all of his friends had died—including six of his lovers. He had no family. That’s why he decided to try GMHC’s Buddy Program.

The Buddy Program connects clients (from newly diagnosed people to long-term survivors) with volunteers whose primary function is to provide emotional support and socialization. Buddies can also keep clients up to date on services both at GMHC and in the larger community. Zaid was paired with Aurelio Rapp-Jimenez, a volunteer who went through the Buddy training to learn about active listening skills, empathy versus sympathy, stigma, and boundaries.

“We met at a café around 34th Street and ended up clicking,” Aurelio said. “We both discovered we had dog-walking businesses and believed in being transparent. We were really able to understand each other.”

“We connected as if I knew him forever.” Zaid said. “At first he was like my son—I’m 56 and he’s in his 30s. We connected as if I knew him forever. He’s so mature and uplifting.”

Since their first meeting, they visit with each other once a week, going to the park and museums, or just talking.

“I have learned so much from Zaid,” said Aurelio. “I’m biracial and gay. It has been hard to cope at times, especially in school. Zaid is a true survivor. We’re both survivors in very different ways.”

“Everyone should have a Buddy,” Zaid said. Families can sometimes make you feel like you’re not doing the right thing in life. Aurelio and I have had some tough discussions, but we have never had an argument.”

Aurelio will soon return to school to study clinical social work and mixed-race psychology. “I think it’s important to give back,” he said. “If you can help one person out, they can help another. Then everybody can help each other.”
FOR NEARLY 35 YEARS, GMHC has worked to uplift the lives of all affected by HIV/AIDS with our groundbreaking prevention and testing services; nutrition, housing, and legal programs; and public policy initiatives. This work would not be possible without the generosity of the individuals, corporations, and foundations listed below. We gratefully acknowledge all gifts made during FY16 (January 1, 2016 to December 31, 2016), and we are indebted to our donors’ leadership.

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Marta E. Castano
Peter Catapano
Lorraine Setto
Lake Charles
Maureen Charleston
Noah B. Chasin
Wendy Chatman
Hector F. Chavez
Armando Chisari
Kevin Christensen
Ed Christie
Gary Clark
John D. Claypoole
Debra Coddington
Ira D. Cohen
Jayne Cohen
Ronald H. Cohen
Michael S. Concilio
Michael R. Conklin
Fraser H. Conlon
Joan Conner
Shoshana Cooper
Kimberly A. Corbin
Frederick E. Corke
Paul Costa
Joseph G. Cotugno
Bruno Cozin
George M. Cozonis
Milford F. Crandall
Cora S. Cranemeyer
Phyllis Creager
Joanne C. Crist
Gregory A. Cullari
James F. Cunningham
Tom M. Curran
Tom D'Agostino
Charles S. D'Angelo
Virginia A. D'Antonio
James A. D'Apollonia
Herbert Dansky
Deborah E. Daniels
Gerisnaldo L. DaSilva
Amy B. Dattner
Steve Daviault
D. Davis
Dolly L. Davis
Jerry L. Davis
Thomas A. De Lorenzo
Willem De Ronde
Dennis Decker
Marie Defiore
Al Denenberg
Thomas J. DeStefano
Joseph Ditta
John Donnelly
Anne M. Doolittle
Ellen Dougherty
Alexander A. Drummond
Phyllis E. Dubrow
Margaret B. Dungan
Phil Dunn
Leclanche Durand
Jan R. Dyckman

Christina Floyd
Jane E. Fogtman
Michael Folkman
Gerald Forbes
Monique Fowler
Betty R. Franklin
Gilda Frantz
Pamela L. Fraser
Otto P. Frauenzimmer
Brian Free
Daniel Freeland
Jane Freeman
Vicki Friedfeld
Frances A. Friedman
William H. Fuessler

Celia Easton
Marjorie W. Eisenman
Mary Elizabeth Ellis
Richard B. Ellis
Claire Elton
Shirley Escala
Doris Eugenio
Peter Eurich
Bryan Evangelista
J. T. Ewing
Susan Fainstein
Raymond Fallon
Joseph Fargnoli
Seymour Feldman
Gretchen Feltes
Allen Feltman
Sibthor Ferguson-Sundel
Patricia Filomena
Robert Finch
Jerry A. Finkelstein
Stephanie L. Finn
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John F. Fleischman
Ronald D. Fliegelman

Mark E. Funk
Bruce Gagliardi
Nancy Gallt
Jack Gambino
Mary Gannon
Richard Garmise
Laurie Garrett
Norbert Gasser
Robert K. Gaynor
Barbara Y. Gee
Len Gelstein
John J. Gillen
Robert D. Ginsberg
Jerry Gioeni
Elnor Gipfel
Richard K. Gitt
Eugenio L. Giusti
Douglas R. Givin
David Golante
Jeffrey M. Goldstein
Dora Golpetto
Bernice Gordon
Roberta Gorman
Victor Gotay
Helen C. Goulmis
Harvey Gram
Sandra Gray
Lenore Greenberg
Melanie Greer-Huff
John J. Gregory
Jill Greinke
Sharon M. Griffith
Sarah Gruhin
Paul C. Grzella
Laurie J. Guberman
Douglas M. Guiles
Seema Gulati
Joseph Hagerty
John C. Hahn
Louis P. Haick
Monicka Hanssenteele
Shirley Hardie
Joseph A. Hardy
William Harper
Lucinda A. Harris
Rhonda L. Harris
Richard W. Hatter
Janice Haymes
Paul Heacock
Diane B. Heimer
Allan Heinberg
Mitchell Heller
Brian C. Hemesath
Paul A. Hendricks
N. P. Hennessey
Michael E. Henry
Vivian Hershy
Joy C. Hertzog
Scott J. Hillje
Alan Himmelstein
Lynn P. Hippen
Alice Hiss
Patricia Hixson
Liz T. Hodge
Alexandra Hoffman
Joseph Hoffman
Stephen J. Holley
Earl R. Holman
James Hong
Bradley Hoover
James L. Hoover
Arthur Hopkirk
Mary Ann E. Horan
John P. Houst
Elwood J. Howard
Patrick Howe
Jill W. Howell
Adam Hughes
Christine Iadevia
Gary S. Ide
William S. Ijams
Mark A. Ingram
Susan Inmann
David K. Israel
Barbara Luculano
Lawrence Jacobson
Roberto Jerez
William T. Jones
Susan A. Joseph
John Joyce
J. Richard Judson
Robert S. Kamin
Randy Meg Kammer
Wendy Kanter
Margaret Kaplan
Joanna M. Kapner
Elinor Kass
Judy Kaufman
Andrea Kavalier
Sharon Kay
Marie Keegan
Arthur J. Keeler
Timothy J. Kelley
Nicholas G. Kepros
Jay A. Kernis
Mura Kievman
Todd Kilbinger
Ervine Kimerling
Robert Klar
Edward D. Koenig
Isobel R. Konecky
David Korabik
Odile Kory
Ann V. Kramer
Ronald Krause
Donald Kuhn
Linda M. Kurtz
Thomas G. Kwiatkowski
Deborah Kydon
Bernard Lacy
Robert Lagerstrom
Carole Lalli
Joseph P. LaMar
Mary Lamasney
Robert Lambiase
Tim Lammers
Pamela Landberg
Jeff Largiader
Deborah M. Larkin
Antonio C. Larrinaga
Frank Latko
Denise J. Lavetty
Doriane Lazare
Michael R. Leblanc
Jon T. Lee
Martin I. Leeds
Susan Leighton
John Lemien
Thomas C. Lesko
Mary Lett
Ted Levan
Clif Levin
Abby Levine
Jed Levine
Rose M. Libassi
Engkiet Michael Lim
Robert Linsey
Grace L. Lissauer
Michael E. Logsdon
Lauren M. Lombardi
John A. Lonsak
Edwin Lopez
Thomas Lopez
Amy Loprest
Emily R. Lowenstein
Peter K. Lu
Barbara Lubell
Barbara J. Luck
Michael J. Lynch
Rendell N. Mabey
Greg C. MacPherson
Jason Macario
Paul MacDonald
Gail Macintyre
The 5th Annual Howard Ashman Award & Cabaret, named after the Oscar-and Grammy-winning lyricist of Beauty and the Beast, The Little Mermaid, Aladdin, and Little Shop of Horrors who passed away from AIDS-related complications in 1991, honored actor Javier Muñoz for his activism in the fight against HIV/AIDS. Muñoz, who stepped full-time into the title role of the smash Broadway hit Hamilton after the show’s creator and original star, Lin-Manuel Miranda, left the production, was diagnosed with HIV in 2002 and has become an invaluable advocate in the fight against HIV stigma and discrimination. His openness to talk about living with HIV has also helped promote dialogue about prevention, testing, and treatment.

Miranda himself made a surprise appearance at the event and performed a song from his earlier Broadway musical, In the Heights. Other performers included Broadway stars Robin De Jesús (Wicked, In the Heights); Alton Fitzgerald White, Rosie Lani Fiedelman, and James Brown-Orleans (The Lion King); Henry Gainza and Ana Villafañe (On Your Feet!); and Ryann Redmond (If/Then), who each performed songs penned by Ashman or other musical hits. The event raised $35,000.
In May 2016 the 31st Annual AIDS Walk New York was held in Central Park, raising $4.5 million for GMHC and dozens of other local AIDS service organizations. The Walk drew 30,000 walkers and featured celebrities and elected officials including Rosie Perez, Alan Cumming, Bebe Neuwirth, U.S. Rep. Jerry Nadler, New York State Senator Brad Hoylman, and New York State Assemblymembers Dick Gottfried and Jo Anne Simon.

Since its inception in 1986, AIDS Walk New York has raised nearly $150 million for GMHC and dozens of Tri-State-area HIV and AIDS organizations and has grown into the world’s largest AIDS fundraising event. Star Walkers each raise $1,000 or more for AIDS Walk New York annually, and play a major role in its continued success. We thank them and applaud their outstanding fundraising achievements. The following Star Walkers each raised $2,500 or more.

| $50,000+ | Jim Brett | Kelsey Louie |
| $20,000 – $49,999 | Christian Ewing | Rita Fischer | Francine Goldstein | Ray Hagg | Taliulah & Harlow Hubbard-Tripi | James Matte | Michael Pennock | Greg Tarbell |
| $10,000 – $19,999 | Raul Argudin | Karen Buglisi-Weiler | Craig DeThomas | Philip Fuscillo | Sally Hall | Michael Harwood | Anthony Hayes | Ian Jopson | Matthew Katzenson | David Krasner | Mark Milstein | Lauri Murray | Jackie Nichols | Osvaldo Perdomo | Adam Sank | Marc Schneider | Jason Shaw | M. Christine Smith | Michael Watts |

Kelsey Louie with Lenny and Francine Goldstein
## Financial Summary

### 2016, 2015, 2014

<table>
<thead>
<tr>
<th></th>
<th>2016 audited 12 months</th>
<th>2015 audited 18 months*</th>
<th>2014 audited 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>December 31, 2016</td>
<td>December 31, 2015</td>
<td></td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$7,306,303</td>
<td>$8,400,641</td>
<td>$7,628,813</td>
</tr>
<tr>
<td>Government grants receivable, net</td>
<td>$4,497,068</td>
<td>$2,336,028</td>
<td>$3,540,306</td>
</tr>
<tr>
<td>Medicaid receivable, net</td>
<td>$193,770</td>
<td>$493,850</td>
<td>$269,149</td>
</tr>
<tr>
<td>Contributions receivable, net</td>
<td>$762,774</td>
<td>$661,062</td>
<td>$1,303,365</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>$471,209</td>
<td>$838,747</td>
<td>$831,699</td>
</tr>
<tr>
<td>Leasehold improvements, furniture and equipment, net</td>
<td>$1,980,699</td>
<td>$2,851,660</td>
<td>$4,731,520</td>
</tr>
<tr>
<td>Security deposit</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$-</td>
</tr>
<tr>
<td>Restricted cash</td>
<td>$1,169,795</td>
<td>$1,168,000</td>
<td>$3,807,405</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$18,381,618</td>
<td>$18,749,988</td>
<td>$22,112,257</td>
</tr>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$2,111,470</td>
<td>$1,878,572</td>
<td>$1,797,376</td>
</tr>
<tr>
<td>Deferred rent and rent incentives</td>
<td>$753,495</td>
<td>$1,766,365</td>
<td>$2,580,361</td>
</tr>
<tr>
<td>Government contract advances</td>
<td>$572,353</td>
<td>$253,784</td>
<td>$318,616</td>
</tr>
<tr>
<td>Net Assets</td>
<td>$14,944,300</td>
<td>$14,851,267</td>
<td>$17,415,904</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
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</tr>
</tbody>
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### Condensed Consolidated Statement of Financial Position:

#### Assets

<table>
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<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
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<td>$22,112,257</td>
</tr>
</tbody>
</table>

#### Liabilities and Net Assets

<table>
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<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
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<td>$17,415,904</td>
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<tr>
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<td>$18,381,618</td>
<td>$18,749,988</td>
<td>$22,112,257</td>
</tr>
</tbody>
</table>

### Condensed Consolidated Statement of Activities and changes in net assets:

#### Support and Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$3,757,407</td>
<td>$7,621,120</td>
<td>$5,248,191</td>
</tr>
<tr>
<td>Special events, net</td>
<td>$2,517,964</td>
<td>$3,201,128</td>
<td>$2,976,243</td>
</tr>
<tr>
<td>Government contracts</td>
<td>$13,248,973</td>
<td>$17,832,080</td>
<td>$13,162,958</td>
</tr>
<tr>
<td>Contributed services and in-kind support</td>
<td>$389,919</td>
<td>$724,168</td>
<td>$911,635</td>
</tr>
<tr>
<td>Other revenue</td>
<td>$4,006,303</td>
<td>$4,670,373</td>
<td>$2,714,351</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>$23,920,566</td>
<td>$34,048,869</td>
<td>$25,013,378</td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$17,325,330</td>
<td>$27,229,598</td>
<td>$18,365,020</td>
</tr>
<tr>
<td>Management and general</td>
<td>$4,480,094</td>
<td>$6,420,494</td>
<td>$4,505,228</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$2,022,109</td>
<td>$2,963,414</td>
<td>$2,777,755</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$23,827,533</td>
<td>$36,613,506</td>
<td>$25,148,003</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$93,033</td>
<td>$(2,564,637)</td>
<td>$(134,625)</td>
</tr>
<tr>
<td>Net Assets at beginning of year</td>
<td>$14,851,267</td>
<td>$17,415,904</td>
<td>$17,550,529</td>
</tr>
<tr>
<td>Net Assets at end of year</td>
<td>$14,944,300</td>
<td>$14,851,267</td>
<td>$17,415,904</td>
</tr>
</tbody>
</table>

The consolidated statements of financial position, activities, and changes in net assets of the Gay Men’s Health Crisis, Inc. and affiliates and related consolidated statements of activities and changes in net assets, and of cash flows were audited by Grant Thornton LLP. The condensed consolidated financial statements represented here have been derived from the consolidated audited financial statements. Copies of the audit reports and the complete consolidated financial statements are available upon request to Michael Hester, Vice President of Finance, at GMHC, 446 West 33rd Street, New York, NY 10001.

*In 2015, GMHC changed its fiscal year from ending June 30 to December 31 resulting in an 18-month audit period.*
**OUR SERVICES**
January 1 to December 31, 2016

**Clients Served**

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,431</td>
<td>12,665</td>
</tr>
</tbody>
</table>

**HIV Tests Performed**

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,000</td>
<td>4,342</td>
</tr>
</tbody>
</table>

**Meals Served**
(in both the Peter Krueger Dining Room and Keith Haring Food Pantry Program)

- 120,542

**OUR CLIENTS**
January 1 to December 31, 2016
(This data excludes clients with unknown or unreported demographic information)

**Clients' Satisfaction Rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>83.4%</td>
<td>91.2%</td>
</tr>
</tbody>
</table>

**Viral Load Suppression**

- Virally suppressed 85%
- Not virally suppressed 15%

*Clients with at least one viral load test in our reporting system

**Linked to Care**

- 88%

*Newly diagnosed positives identified by the Geffen Testing Center

**HIV Status**

- HIV Positive 54.8%
- HIV Negative 45.2%

**Race/Ethnicity**

- Black/African American 30.9%
- White 30.5%
- Asian 4.7%
- Native Hawaiian or Pacific Islander 0.4%
- Other 1.2%
- Hispanic 2.1%

**Gender**

- Male 74.0%
- Female 25.1%

**Age Range**

- 18 and under 0.4%
- 19 to 29 20.7%
- 20 to 29 20.1%
- 30 to 39 20.1%
- 40 to 49 18.6%
- 50+ 40.1%

**Sexual Orientation**

- Lesbian 0.8%
- Bisexual 9.5%
- Heterosexual 28.2%
- Gay 61.5%

**Borough of Residence**

- Manhattan 32.9%
- Brooklyn 29.7%
- Queens 14.2%
- Bronx 15.0%
- Staten Island 1.0%
- Other 7.1%
2018 LEADERSHIP

BOARD OF DIRECTORS
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Roberta A. Kaplan, Esq., Co-Chair
Manny Rivera, Vice-Chair
Warren N. Bimblick, Treasurer and Chair of the Finance Committee
Osvaldo Perdomo, Secretary and Co-Chair of the Development Committee
Ted Ackerman
Nicholas Coppola, Chair of the Governance Committee
Wade Davis
Ron Dodd
Julie E. Fink, Chair of the Audit Committee
Ari Ginsburg
Joseph A. Hall
Geoffrey Hoefer, Co-Chair of the Development Committee
Edward P. Krugman
Andrew LaSalle
Josh Machiz
Timothy S. Martin
Daniel Maury
Joseph Neese
Kevin S. Potter
Hal Rubenstein
Jason W. Shaw
Joan H. Tisch, in memoriam

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Lina Bradford
Perry N. Halkitis, PhD, MS, MPH
Narciso F. Saavedra
M. Christine Smith, PhD
Lisa Walker

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Chief Executive Officer
Cub Barrett
Vice President, Communications and Marketing
Bill Bracker, PsyD
Senior Vice President, Programs and Clinical Services
Lynnette Ford, MSW, MA
Vice President, Programs and Prevention Services
Rhonda Harris, MPA, PHR
Vice President, People Operations and Compliance
Michael J. Hester
Vice President, Finance
Kishani Moreno, MA, LMHC
Vice President, IS and Building Operations
Eric L. Sawyer, MPA
Vice President, Public Affairs and Policy
Jennay M. Thompson, MSW
Vice President, Coordinated Care

Writers: Rey Llena, Emily Melnick, Krishna Stone
Editors: Cub Barrett, Kristen Cleary, Krishna Stone
Designer: Adam Fredericks
Profile photographs: Adam Fredericks
GMHC fights to end the AIDS epidemic and uplift the lives of all affected.