Welcome to GMHC’s 2018 annual report. In recent years, the agency continued to drive health improvements for thousands of New Yorkers living with HIV/AIDS. We saw significant developments in GMHC’s programs and services, including the opening of dedicated mental health and substance use clinics and the expansion of our housing program. We also saw a new focus on meeting the needs of people who are aging with HIV.

In late 2017, GMHC merged with ACRIA, an internationally recognized organization that focuses on HIV education, training, and research. ACRIA studies the lives and needs of people with or at risk of HIV. It also leads cutting-edge research to understand the issues associated with HIV and aging. GMHC’s strategic partnership with ACRIA will yield greater impact and strengthen GMHC’s position as a national leader in care for people aging with HIV.

Further, this strategic partnership with ACRIA brought the Love Heals Youth Education Program into GMHC’s portfolio, expanding GMHC’s reach by offering youth prevention education through comprehensive and evidence-based workshops. Love Heals places powerful speakers in NYC-area schools where they educate thousands of students about sexual health, HIV/AIDS, and sexually transmitted infections. This program was founded by Alison Gertz in 1992 after she learned that she had contracted HIV.

The growth in GMHC’s services earned the agency recognition in 2017 with the prestigious Gold Medal Award Prize for Organizational Excellence. This award from the New York Community Trust and the Nonprofit Coordinating Committee recognizes excellence in nonprofit management in areas including governance, finance, diversity, human resources, information technology, fundraising, communications, and overall focus on results.

In 2018, GMHC made the bold decision to increase capacity and relocate to new space at 307 West 38th Street. This facility enables GMHC to expand program reach, re-integrate our testing and counseling efforts, and create new co-located services with other nonprofit partners. We believe that this move creates a “one-stop shop” for our clients to flow seamlessly among programs such as HIV/STI testing, mental health and substance use counseling, our congregate dining program, and case management. No one should be lost in a sea of referrals or asked to navigate appointments across town.

Our new home creates an accessible space that provides a safe haven, familiar faces, and integrated services. It also positions us for a larger role in LGBTQ healthcare. We are exploring a potential merger with Callen-Lorde, a Federally Qualified Health Center. This partnership will enable us to deliver an integrated model of healthcare that includes primary care. It also addresses long-time needs of our clients to access both healthcare and psychosocial services in the same setting. In addition, the merger creates new efficiencies and helps reach our shared goal of ending the epidemic. We will keep you apprised of our plans as they unfold.

Thank you for supporting GMHC in our ongoing fight to end AIDS and uplift the lives of all affected.

Sincerely,

Kelsey Louie
Chief Executive Officer
As I begin my tenure as Chair, I am committed to providing the governance and oversight necessary to fulfill the agency’s mission to end the AIDS epidemic and uplift the lives of all affected. As key drivers in the epidemic continue to shift, I will help lead GMHC in its fight to uphold the civil and human rights of all in need. I want to extend my sincere thanks and gratitude to GMHC’s outgoing Board Chair, Roberta Kaplan, for her years of board service and to my fellow board members whose leadership and generosity means so much to the agency.

I assumed my responsibility as Board Chair knowing very well that GMHC’s mission may appear to many to be less urgent than it once was. Successful treatment regimens have certainly changed the face of HIV/AIDS in our city and country, but their availability to some more than others has created a different crisis of access. The harsh reality is that our clients continue to face daily challenges such as stigma, discrimination, housing instability, violence, lack of treatment, inaccessible care. These challenges cause all kinds of problems for our clients that need remedy, ultimately leading to difficulty staying HIV negative or difficulty achieving lasting viral suppression.

GMHC has always and still envisions a world entirely without HIV/AIDS. We fight this battle by providing solutions that set our clients on a path to longer, healthier, and more dignified lives. Of course, our work would not be possible without our generous donors. The programs and services that we provide cannot run on government contracts alone—they require unrestricted general support as well as high-impact program grants to fill in the gaps and fund the infrastructure needed to make our services fully operational.

GMHC was there at the beginning of AIDS crisis, and we intend to be there for the end. Until there is no more need, we will advocate for our clients at the local and national levels and we’ll continue to provide the highest-quality services and care. I hope to walk this path together with all of you.

Sincerely,

Jonathan Mallow
Board Chair
The Ending the [AIDS] Epidemic blueprint (ETE) for New York State was established with the aim of ending the AIDS epidemic by the end of 2020. In 2018, GMHC played a key role in helping the state move closer to this goal.

In order to understand GMHC’s progress toward the goals outlined in the ETE blueprint, we analyzed a range of metrics that affect the primary goals of the plan to reduce new infections to fewer than 750 people per year and ensure all people living with HIV are virally suppressed. We reviewed data regarding our clients’ housing status, food security, substance use, immigration status, citizenship status, employment status, income relative to the federal poverty line, as well as gender identity (especially transgender individuals) and sexual orientation (specifically men who have sex with men, or MSM). GMHC collected data on 856 new clients between January 2018 and 2019. These same clients were followed through all activities in GMHC’s programs and services, and their primary care status measure (PCSM) data were compared from intake to their most recent PCSM taken in October 2019.

Study results indicated that viral suppression directly correlated with food security and citizenship status. Clients who entered GMHC’s programs and services during this study indicated housing stability (43 percent), social support (31 percent) and food security (25 percent) as their primary needs. Clients indicating needs for social support were linked to programs such as peer support for HIV care, peer empowerment groups, HIV prevention programs, substance use services, and mental health care. Additionally, 30 percent of new clients indicated “other” as the primary reasons for seeking out GMHC’s services. Responses cited domestic and interpersonal violence, substance use, and sentiments similar to “I was told to come here.”

Further analysis looked at the percentage of new clients who were matched with GMHC programs and services that addressed their primary needs. Of the clients in this study, 49.65 percent were enrolled in and received services for food insecurity, including our congregate hot meals program. 16.59 percent received employment services through GMHC’s workforce development programs, while 13.2 percent were linked to legal services for immigration and discrimination matters, as well as landlord/tenant negotiations. Initial findings of this study reveal a stark contrast between clients who initially self-reported food insecurity at intake and those found to need meals and nutrition services during the enrollment process. From intake to enrollment, this number increased by 25 percent.

Viral suppression is a key factor in reaching the goal of reducing the number of HIV infections in New York State to 750 people or fewer people by the close of 2020. People with an undetectable viral load cannot transmit the virus to other people. GMHC’s study showed significant viral load suppression rates among clients who originally presented with risk factors including housing instability, food insecurity, substance use, immigration or citizenship status, chronic unemployment, poverty, gender identity, and sexual orientation (specifically MSM). Individuals reporting the highest rate of suppression at intake were stably housed...
(47 percent) and employed (42 percent). Non-MSM had a viral suppression rate of 47 percent and those living above the federal poverty line reported a rate of 46 percent. Further, 46 percent of documented non-United States citizens were virally suppressed, while undocumented individuals only reported an 27 percent suppression rate at intake—a 19 percent difference. Similarly, suppression rates were 4 percent lower among those unstably housed at intake and 4 percent lower in MSM.

In contrast, following intake and enrollment into GMHC’s programs and services, the highest suppression rate among clients in this study was achieved by undocumented, non-United States citizens, with a rate of 77 percent at the end of the study. This represented a 50 percent increase in viral suppression rates for this population compared to levels at intake, demonstrating the success of GMHC’s targeted approach of addressing clients’ risk factors at intake. Results of this study have informed GMHC’s approach to meet the continuously evolving needs of our clients by adapting our services and programs.

While the CDC has been tracking a decline in the rate of new infections in New York State over the past years, the epidemic is far from over. Though treatment is now available, many factors make treatment inaccessible and adherence unattainable. This study provided concrete data about risk factors for HIV infection and insight into successful methods of increasing viral suppression among clients.

Clients’ self-reported needs at intake inform decision-making about services that would be most beneficial. Our study, however, found that all programs and services need to be accessible to clients irrespective of their indicated needs at intake. For example, even though they did not indicate food insecurity was a pressing need, many were found to be food insecure by intake staff and subsequently linked to GMHC’s food and nutrition services at a rate that is nearly double the number of clients who initially self-report food insecurity. Many clients access GMHC’s daily hot meals program concurrently with other programs and services offered, which we found greatly increases treatment adherence and access to needed medications. However, for many, rampant shame and stigma surrounding issues such as food and housing lead to needs being underreported. To address this, GMHC works to address stigma surrounding HIV and concurrent drivers of the epidemic—often basic needs of living.

Lastly, this study informed the ways that GMHC can prioritize the clients with the greatest need of specific services at time of intake based on reported factors that contribute most to low viral suppression rates. This analysis also highlighted GMHC’s most pressing policy priorities related to stigma, shame, discrimination, and violence that contribute to the epidemic. As we tailor our programs and services to reach populations with the highest risk factors, we work at the city, state, and federal levels to uphold the rights of all people living with HIV/AIDS and ensure this population has needed protections and support.
GMHC: Housing Interventions and Impacts

GMHC is home to a vast array of services in the fields of prevention, care, education, and advocacy that provide life-enhancing and often life-saving care to all living with or affected by HIV and AIDS. These programs offer wrap-around care and total more than two dozen services across 11 departments.

Social determinants of health such as housing are key drivers of the HIV/AIDS epidemic. GMHC’s Supportive Housing Program aims to address both chronic and acute homelessness. Homelessness disproportionately affects those living with HIV/AIDS partly due to the fact that the overwhelming lack access to affordable, stable, and adequate housing. A 2018 survey found that 41 percent of GMHC’s new clients cited housing instability as their primary need. Homelessness poses a significant barrier to HIV-related primary medical care, access to treatment, adherence to medication, and creates a heightened risk of HIV transmission because clients cannot achieve and maintain viral suppression.

GMHC’s Supportive Housing Program provides clients access to the Housing Opportunities for Persons with AIDS (HOPWA) and Safety-in-Housing programs, as well as a Short-term Rental Assistance Program or STRAP. Throughout 2018, GMHC assessed the tangible health impacts of each program on treatment adherence and viral load suppression—two significant indicators of clients’ physical health status.

GMHC’s supportive housing program oversees a number of apartment units across the city that are designated for people living with HIV/AIDS and who have histories of homelessness or living in shelters. At the start of 2018, GMHC operated 25 units—a figure that doubled to 50 units by the year’s end. This substantial increase came as a response to large-scale, unmet need citywide, with the U.S. Department of Housing and Urban Development (HUD) reporting a homeless population of 78,676 in New York City, a 49 percent increase from 10 years prior, and a figure that accounts for 14 percent of the total homeless population in the United States.

Through HOPWA and Safety-in-Housing, GMHC’s Supporting Housing program enables clients to achieve and maintain a high level of independence while concurrently maintaining support through monthly home visits by GMHC staff, routine office visits, and group sessions. GMHC has found this model to be highly effective for people living with HIV/AIDS who have histories of chronic homelessness.

GMHC recognizes that clients have a range of housing needs. In 2018, STRAP provided short-term rental assistance to 250 clients. Clients may access STRAP if they are living with HIV or AIDS and are ineligible for HIV/AIDS Service Administration (HASA) assistance. GMHC’s STRAP team provides continual housing case management with the aim of preventing homelessness, promoting treatment adherence, and facilitating enrollment in primary care.

2018 Outcomes of GMHC’s Housing Program

41% of new clients are unstably housed

continued
Program data indicate that GMHC’s supportive housing services keep clients living with HIV/AIDS stably housed and engaged in the full continuum of care needed for viral suppression and maintaining physical, mental, and emotional wellbeing. Throughout 2018, 90 percent of clients enrolled in GMHC’s housing programs consistently maintained viral suppression, and nearly 100 percent continuously adhered to antiretroviral therapies. These figures point clearly to the fact that housing stability drastically improves health outcomes. As such, GMHC believes that housing is both an effective prevention intervention and care itself.

HIV infection among individuals who are unstably housed remains three times higher than that of the general population. Stable housing allows people living with HIV/AIDS to access comprehensive healthcare and adhere to complex HIV/AIDS medication and therapies. A 2018 survey by the U.S. Department of Housing and Urban Development found that 12 percent of the known 1.1 million people living with HIV/AIDS in the United States have unmet housing needs.

Although GMHC doubled its housing capacity over the course of 2018, data indicate that there is still a significant need to expand this service in order to improve health outcomes. Expansion will also help mitigate the restrictions and limitations of government funding, as clients require much more than simply a roof over their heads. With higher levels of unrestricted funding, GMHC can better support our clients by assisting them with other items needed for a stable housing environment such as furniture, kitchen supplies, and home goods.

At GMHC, we aim not only to end new HIV infections, but also strive to achieve a future in which our clients no longer list “access to stable housing” as their most dire need.
SINCE OUR FOUNding IN 1982, GMHC has worked to uplift the lives of all people living with and affected by HIV/AIDS. Our groundbreaking prevention and testing services, food and nutrition programs, and research and public policy initiatives would not be possible without the generosity of our donors. The individuals, corporations, and foundations listed below exhibit incomparable, ongoing philanthropic leadership. We gratefully acknowledge all gifts made during FY18 (January 1, 2018 to December 31, 2018), including many ACRIA donations as 2018 marked the first year when GMHC and ACRIA began to work collaboratively. Thank you for your support!

OUR DONORS

PRESIDENT’S COUNCIL

$500,000+

Gilead Sciences, Inc.
The Steve, Laurie, and Lizzie & Jonathan Tisch Philanthropic Fund
of the Jewish Communal Fund

$100,000–$499,999

The Calamus Foundation  David Boger  ViiV Healthcare

$50,000–$99,999

Broadway Cares/Equity Fights AIDS
The Hearst Foundation
Janssen Therapeutics
The Keith Haring Foundation
May and Samuel Rudin Family Foundation, Inc.
Newman’s Own Foundation
Myron “Mickey” Sulzburger Rolfe Walgreens

$25,000–$49,999

Joseph Arena & Thomas D’Eletto
Barclays Capital
Bloomberg L.P.
Costco Wholesale
Davis Polk & Wardwell
Druckenmiller Foundation
Julie Fink
Marshall Herron
Home Box Office, Inc.
Immigrant Legal Resource Center

Robert A. Kaplan & Rachel Lavine
David Kleinberg
Kelsey Louie
MAC AIDS Fund
Richard McAllister
Raymond Family Foundation
Eric Rudin
The Ted Snowdon Foundation
Jonathan and Lizzie Tisch
Joseph Trohman

\(^1\) Lifetime Trustee and In Memoriam
FRIENDS FOR LIFE

$10,000–$24,999

Ted Ackerman & Geremy Kawaller
Anonymous
Assurant Foundation
Ward Auerbach
Bloomingdale’s Fund of the Macy’s Foundation
Calvin Klein
Carl Jacobs Foundation
Kevin Carrigan
Adam Cohen-Aslatei
Nicolas Corgel
Ari Ginsburg
Frank Godchaux
Marian Goodman
The Hagedorn Fund

Joseph Hall & Martin Degata
Michael Harwood & Theo Dorian
Gillian Hearst
Adam Henry
Geoffrey Hoeffler & Thomas Wei
Kenilworth Equities Ltd.
The Kors Le Pere Foundation
Edward Krugman
Esteban & Heymi Kuriel
Jonathan Mallow
Timothy Martin & Peter De Staebler
Mark Moskowitz
Pfizer, Inc.
Joel Picache
Jack Pierson

James Reilly
The Robert Mapplethorpe Foundation
The Rockefeller Foundation
The Rona Jaffe Foundation
Mary Catherine Savage
Stewart Shining
Peter Spelioand Paul Robert Turner
Robert Stilin
TD Bank
Donn Teal
Joy Tomchin
Viacom, Inc.
Jonathan Weiss
Kevin Wendle
Judy Zankel

$5,000–$9,999

Amy Abrams
Gregory Alsip-Juevara
Amida Care, Inc.
Mark Bavoso
Paul Beirne
Blink Fitness
Zachary Boger
Tom & Elizabeth Caine
Kenneth Cole
Cowles Charitable Trust
Wade Davis
Craig Dean
Carol Gertz
Benjamin Harris
Jerry Herman
Stephen Holley
Hyde and Watson Foundation
Donna Karan
David Lam
Matthew Mallow & Ellen Chesler
Alan Manocherian
Richard McCune
William Messinger
National Minority AIDS Council
New York Bar Foundation

Opus Advisory
Nathan Orsman
Pharmaceutical Research and Manufacturers of America (PhRMA)
Simon Rumley
Mark Sandleson

Richard Serra
Stonewall Community Foundation
Rafael Viñoly
Wesley Vultaggio
Gary Wexler
Caren Wishner

$1,000–$4,999

GMHC CEO Kelsey Louie (left) joins with a volunteer at AIDS Walk New 2018 in revealing the total funds raised.

Richard Ackerman
Joree Adilman
Adobe Systems Incorporated
Patricia Ainsworth
David Alge
AllianceBernstein Foundation Fund
Marc Alpert
American Endowment Foundation
American Express Foundation

Marianne Andreach
APICHA Community Health Center
Robert Arnow
Christopher Austopchuk
Steven Axelrod
Frederick Bachman
Bailey House
Alec & Hilaria Baldwin
Bank of America Charitable Foundation

Constance Beaty
Daniel Berger
Susanna Bergtold
Berlin Rosen Ltd.
The Andrew J. Bernstein Foundation
Michael Berr
Warren Bimblick
The Estate of David Black
Mark Blackman
Barry Bloom
Stephen Bloom
Maurice Bolmer
Bolton-St. Johns
Louis A. Bradbury
John Bradley
Helen Brandes
Sandra Brandt
Roy Brayton
Daniel Breiman
Cecily Brown
Peter Brown
Laurie Burns
Hugh Bush
C.A.L. Foundation, Inc.
David Calfee
Brandon Cardet-Hernandez
Emily Cavanaugh
Stockard Channing
Nikolaus Christmann
CMA
Anne Collier
Computer Orange
Congregation Rodeph Sholom
Kenneth Cooke
Alan Cumming
Richard Cutter
Paul Cutts
Jeffrey Damens
Anthony D'Angelo
Michael Dansky
Cynthia DeBartolo
Michael DePaola
John Derian
David Desocio
Frank DiGiacomo
Maury DiMauro
Fred Dixon
Ron Dodd
Douglas Drake
Eagan Family Foundation
Deborah Efroymson
Steve Elmendorf
Elsevier Foundation
Edward Epstein
Luciana Fato
Fidelity Charitable Gift Fund
Mark Fidelman
John Fitzgerald
Andrea Franchini
Gregory Frey
John Gallagher
Steven Ganless
David Geffen
General Electric Foundation
Lionel Geneste
Howard Glickstein
Jonathan Goldberg
Goldman, Sachs & Co.
Ted Green
Ken Green
Andrew Greene
John Greg
Guardiola Pharmacy, Inc.
Guilford Publications, Inc.
Agnes Gund
Khaled Habayed
Michael Hardy
Harlem United Community AIDS Center, Inc.
Harney & Sons Fine Teas
Daniel Harrison
James Healey
HEC Enterprises Inc.
Anthony Heilbut
Erik Hepler
James Heston
Jim Hodges
Housing Works
Molly Hoyt
IBM Corporation
Mark Imowitz
IPC Systems, Inc.
Joel Isaacs
Laurence Jahns
Janssen Scientific Affairs, LLC
Price Jepsen
Robert Price Jepsen
Jay Johnson & Tom Cashin
Stephen Johnson
Johnson & Johnson
Julius’ bar
Anne Keating
Charles Kessler
KHS Fine Art LTD
Michael King
Noel Kirnon
Barry Kissane
Frederick Knapp
Hans Koch
David Kuhn
Anthony LaRocco
William Lauch
Chad Leat
David Leventhal
John Lichter
The Litwin Foundation
Joseph Llanos
Lowe’s Corporation
Josh Machiz
Laura MacLeod
Mitchell Makowski
Mark Krueger & Associates, Inc.
Glenn Marziali
Nion McEvoy
Monika McLennan
Suzanne Mecs
Bruce Merrill
The Migdal Family Foundation
Bruce Miller
Jonathan Miller
Mario Montano
Luis Morais
Matthew Morningstar
Mutual of America, Inc.
Naleo Educational Fund
Kathleen Nath
National Black Leadership Commission on AIDS
The New York Women’s Foundation

Jonathan and Lizzie Tisch (left) with Michael Douglas at GMHC’s 2018 Fall Gala.
Raymond Nied
Nordstrom
NYC & Company, Inc.
Mathew Oakley
Garrick Ohlsson
James Olander
Donna O’Leary
Oliver Family Fund
The Oppenheimer Management Corp.
Lisa Orberg
Isabelle Osborne
Joe Pacetti de Medici
Nicole Paisner
Michael Paley
Mathew Palmer
Michael Pargee
Elizabeth Peabody
Paul Pelssers
Matthais Pintscher
Ira Pittelman
Michael Plotker
Geoffrey Proulx
Peter Purpura
Mike Quinn
Maxine Rapoport
Isabel Rattazzi
Priscilla Rattazzi
Renaissance Administration, LLC
Deborah Rennels
Raymond Roberge
Timothy Robert
Robert Half
Robert N. Alfandre Foundation
Hal Rubenstein
Lynn Sable
John Schmitt
Gretchen Schnabel
John Schumacher
Kenneth Schweber
Jeffrey Seller
Demetrios Sengos
Sam Shahid
Amy Sherman-Palladino
Dina Silberstein
The Skolnick Family Charitable Trust
Elyyne Skove
Samantha Slager
Dennis Smith
Roger Smith
Allan Starr
Hollis Stern
The Susan S. Shiva Foundation
Sydell Group, LLC
Peter Thambounaris
Gregory Thomas
Thomson Reuters Holdings Inc.
Andrew Tobias
William Tomai
Kevin Toomey
Elyse Topalian
Truist
Two Sigma Investments
John Tynes
Michael Tyson
UBS AG
United Way of Massachusetts Bay and Merrimack Valley
VF Sportswear, Inc.
Visiting Nurse Service of New York
Chris Wanlass
Brien Wassner
Bruce Weber & Nan Bush
Jan Weil
Weinman Family Foundation

ALLIES

$500–$999

David Akhtar
Robin Albin
Anthem Foundation
James Arthurs
John Avelluto
Susan Barnett
James Barone
Robert Barrett
David Bartz
Paul Bator
Gerald Becker
Debra Beneck
John Bennett
Robert Blitzner
Barbara Blomberg
Christopher Borek
Doris Bouwensch
Jennifer Bradford-Davis
Houston Brummit
Dennis Callahan
William Campbell
Andrew Caravella
Larry Carbonell
John Casalinuovo
Jacquelyn Cavanaugh
Henry Chalfant
Janie Chang
Inge Chilman
Jae Choi
Robert Clark
Gabrielle Conway
Corcoran Group
Rui Dacosta
Isa de Macedo Guimaraes
Donate Well
Timothy Donovan
Paul Dooley
Elizabeth Elser Doolittle
Charitable Trusts
Michael Emerson
FactSet Research Systems
Matthew Feldman
Sarah Fischell
Benji Fisher
Donald Fitch
Kevin Flanigan
Edward Fogarty
Joseph Folta
Don Fraser
Travon Free
Mary Ann Frenzel
Sara Friedlander
Helene Furst
Stanley Geller
Leonard Germinario
Emily Giske
Frank Glass
Goldfarb & Fleece
Nan Goldin
Francine and Lenny Goldstein
David Goodman
Lance Gotko
Joshua Greene
Marey Griffith
Judy Gross
Laurence Guidera Isaacson
Joseph Halbach
Roy Hamilton
Thomas Hammerstrom
Edward Harris
James Hartman
Raymond Heffler

GMHC Board of Directors Member Javier Muñoz (left) and Corey Johnson at GMHC’s 2018 Fall Gala.
## FINANCIAL SUMMARY
### 2018, 2017

#### WHERE THE MONEY GOES
At GMHC, 71.3¢ of every dollar was used for direct services and programs in FY 2018.

### Condensed Consolidated Statement of Financial Position:

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 720,646</td>
<td>$ 1,981,580</td>
</tr>
<tr>
<td>Government grants receivable, net</td>
<td>6,194,231</td>
<td>5,794,180</td>
</tr>
<tr>
<td>Medicaid receivable, net</td>
<td>454,231</td>
<td>423,590</td>
</tr>
<tr>
<td>Contributions receivable, net</td>
<td>1,681,195</td>
<td>1,359,241</td>
</tr>
<tr>
<td>Other receivable</td>
<td>1,398,915</td>
<td>1,359,241</td>
</tr>
<tr>
<td>Prepaid expenses and other assets</td>
<td>756,721</td>
<td>1,908,566</td>
</tr>
<tr>
<td>Leasehold improvements, furniture and equipment, net</td>
<td>4,878,322</td>
<td>2,350,162</td>
</tr>
<tr>
<td>Security deposit</td>
<td>4,057,144</td>
<td>6,010,473</td>
</tr>
<tr>
<td>Restricted cash</td>
<td>430,843</td>
<td>1,172,136</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 20,572,243</strong></td>
<td><strong>$ 21,726,402</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 4,755,793</td>
<td>$ 2,866,976</td>
</tr>
<tr>
<td>Deferred rent and rent incentives</td>
<td>2,671,884</td>
<td>1,582,504</td>
</tr>
<tr>
<td>Government contract advances</td>
<td>1,192,363</td>
<td>741,536</td>
</tr>
<tr>
<td>Accrued compensated absences</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Notes Payable</td>
<td>352,567</td>
<td>-</td>
</tr>
<tr>
<td>Capital Lease</td>
<td>932,763</td>
<td>-</td>
</tr>
<tr>
<td>Line of Credit</td>
<td>3,400,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>7,266,873</strong></td>
<td><strong>12,535,386</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$ 20,572,243</strong></td>
<td><strong>$ 21,726,402</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$ 5,164,433</td>
<td>$ 4,185,888</td>
</tr>
<tr>
<td>Special events, net</td>
<td>1,317,314</td>
<td>2,066,380</td>
</tr>
<tr>
<td>Government contracts</td>
<td>16,778,608</td>
<td>14,673,871</td>
</tr>
<tr>
<td>Contributed services and in-kind support</td>
<td>578,118</td>
<td>408,704</td>
</tr>
<tr>
<td>Other revenue</td>
<td>4,716,937</td>
<td>3,901,462</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td><strong>$ 28,555,410</strong></td>
<td><strong>$ 25,236,305</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$ 23,974,499</td>
<td>$ 19,450,873</td>
</tr>
<tr>
<td>Management and general</td>
<td>7,906,354</td>
<td>6,195,328</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,743,203</td>
<td>1,999,018</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$ 33,624,056</strong></td>
<td><strong>$ 27,645,219</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Operating Activities</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss on disposal of fixed assets</td>
<td>$ 199,867</td>
<td>-</td>
</tr>
<tr>
<td>Change in net assets</td>
<td>(5,268,513)</td>
<td>(2,408,914)</td>
</tr>
<tr>
<td><strong>Net Assets at beginning of year</strong></td>
<td><strong>12,535,386</strong></td>
<td><strong>14,944,300</strong></td>
</tr>
<tr>
<td><strong>Net Assets at end of year</strong></td>
<td><strong>$ 7,266,873</strong></td>
<td><strong>$ 12,535,386</strong></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, 307 West 38th Street, New York, NY 10018-9502.
BOARD OF DIRECTORS
Edward Ackerman
Warren Bimblick
Nicholas Coppola
Wade Davis
Ron Dodd
Julie Fink
Ari Ginsburg
Joseph Hall
Michael C. Harwood
Geoffrey Hoefer
Deborah Hughes
Roberta A. Kaplan
David Kleinberg
Edward Krugman
Andrew Lassalle
Joshua Machiz
Jonathan Mallow
Timothy Martin
Daniel Maury
Joseph Neese
Osvaldo Perdomo
Jack Pierson
Manny Rivera
Hal Rubenstein
Stewart Shining
Jason Wu

SENIOR MANAGEMENT
Kelsey Louie, MSW, MBA
Chief Executive Officer

Cub Barrett
Vice President, Communications and Marketing

Lynnette Ford, MSW, MA
Senior Vice President, Programs and Prevention Services

Rhonda Harris, MPA, PHR
Senior Vice President, People Operations and Compliance

Michael J. Hester
Vice President, Finance

Kishani Moreno, MA, LMHC
Chief Operating Officer

Mike Rogers
Senior Vice President, Development

Jennay Thompson
Vice President, Coordinated Care
GMHC fights to end the AIDS epidemic and uplift the lives of all affected.