

C H A L L E N G I N G D E S P A I R



C H A N G I N G T H E F U T U R E

FROM THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR

At the epicenter of the AIDS epidemic since 1981, Gay Men's Health Crisis was the world's very first AIDS service organization and today is the largest. The events that transpire at our agency each year tell the story not only of one organization's war on AIDS but of the human possibility of beating this epidemic — the persistent challenges that can appear insurmountable and the extraordinary accomplishments that nonetheless take place.

The challenges are obvious. Globally, the AIDS pandemic has infected 15 million people. Hundreds of thousands of them live in New York City, which leads our nation in AIDS cases. AIDS strikes hard, wreaking physical, emotional and financial devastation. Individuals beset by this cruel illness have a staggering variety of needs. And their numbers keep soaring. Providing the services to help them cope with AIDS is a matter of great urgency. Equally pressing is the need to educate the public about HIV and advocate for people with HIV and AIDS.

Yet, despite these challenges, Gay Men's Health Crisis has charted an impressive record of triumphs. Although it is troubling to talk about success in an epidemic, the past year by every measure was successful. During 1993-94, we provided an array of direct services to 6,775 men, women and children — meals and nutritional counseling, legal advice and financial advocacy, recreation and family services, emotional and psychological support. We reached 725,000 people with AIDS education publications and brochures. We answered 65,970 calls to our Hotline. And we advocated at City Hall, in Albany and in Washington to compel government officials to do what is right for people with HIV and AIDS.

Last year was one of bold initiatives at GMHC. We helped spare from deep cuts the New York City Division of AIDS Services that serves four out of five New Yorkers with AIDS. We created a Department of Treatment Education and Advocacy to serve people with HIV who are not yet diagnosed with AIDS and to fight for faster research. We launched a pioneering PCP prevention campaign to teach people how to prevent a leading AIDS killer, and strengthened personnel policies and support for staff living with HIV. We began a landmark Tuberculosis Education and Treatment Support Program. We conducted top-to-bottom reviews of every department. And we surveyed our clients to measure our effectiveness.

Thousands of heroic individuals deserve credit for the achievements described in this Annual Report — our staff of 300, whose professionalism is unparalleled; our volunteer force of 8,000, who set a standard for selflessness; and our donors, whose numbers now reach the hundreds of thousands and whose inspiring generosity animates our fight against AIDS. But one dedicated person in particular deserves mention. Jeff Soref stepped down as President of our Board of Directors on June 30, 1994 after having served for three years in that post. He was a visionary leader during a time of escalating demand for our services and of increasingly restricted resources.

All of you who are GMHC staff, volunteers and donors cannot be thanked enough. In a time of despair and complacency, your good works restore hope. It is your determination, your generosity, your strength and your heroism that ultimately will vanquish AIDS.



Louis A. Bradbury
President, Board of Directors



Jeff Richardson
Executive Director

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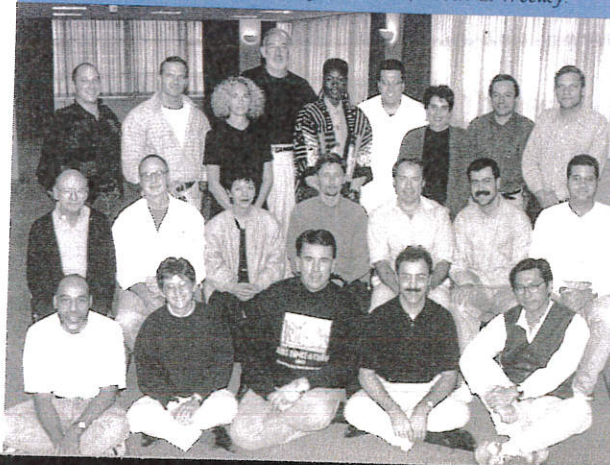
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Bottom row, from left: Doug Robinson, Rabbi Sharon Kleinbaum, Randy Wojcak, Hal J. Moskowitz, Kenneth R. Ong. Second row: Jerome M. Goldsmith, Samuel T. Phillips, Lourdes Quiñones, David Hollander, Louis Bradbury, José Ramón Fernández-Peña, Todd Yancey. Top row: Howard A. Grossman, Michael C. Mast, Gretchen Dykstra, Ethan Geto, Marjorie Hill, Michael A. Recanati, Esther Chachkes, Dennis deLeon, Michael D. Palm. Not pictured: Bernard Bihari, Suzanne A. DuBose, Darrell C. Greene, Tonya Y. Hall, Richard W. Jasper, James Pepper, Michele Russell, Jeffrey B. Soref, Joan Tisch, Robert C. Woolley.



TAKING ACTION

Thirteen years into the epidemic, what can we do about AIDS?

Shall we give in to despair?

The world and world-class scientists, struggling to contain HIV, now know how relentless this epidemic is. Gay Men's Health Crisis, the oldest AIDS organization, was the first to prepare for battle. But as the tides of plague continue to roar over New York, we have good reason to grow battle-weary. One out of four New Yorkers with the disease has sought our help. We see the toll of AIDS every day in faces that we recognize.

All of us who work at GMHC, whether paid staff or volunteers, endure the sobering realization that so many people in our city, in our own corridors, among our own ranks, are in such terrible need. Increasingly, they come from the most vulnerable sectors of our society — the poor, the young, people without access to prevention education or health care or political power, those least able to fight back.

Shall we surrender to complacency?

While some believe AIDS is ebbing among certain populations, infection rates, in fact, remain high in numerous groups. And studies warn of a crushing second wave among gay men. We don't yet know how to teach prevention lessons that last a lifetime.

Science achieved early victories — discovering the virus and a few promising drugs — and then stalled.

Four hundred thousand AIDS cases later, too many Americans and too many political leaders still call this plague somebody else's problem. Denial and bigotry hobble efforts to educate — the only protection against AIDS. In the face of orchestrated attacks, an effective nationwide AIDS prevention campaign requires unflinching courage as well as adequate resources.

Can we outlast this plague?

Yes, we can if we recognize that complacency and despair are accomplices of the virus. Thirteen years ago, we at GMHC unleashed an all-out assault on a killer in our midst. In 1994, we are determined to redouble our efforts and to fight on.



"Fight to Live, Fight to Love, Fight AIDS," GMHC's Stonewall 25 slogan, was our rallying cry this year.

RENEWING THE FIGHT

CHALLENGING DESPAIR

At the threshold of GMHC, the Department of Intake and Client Information Systems welcomes people living with AIDS, assesses their needs and eases their journey through the agency. GMHC registered 2,566 new clients this year, and served a total of 6,775. Although 85.6% of GMHC clients are men, a growing number, 14.4%, are women. This year, a Service Access Committee met with all direct service units to discover ways to serve people with AIDS even more effectively — to speed access to programs, help more clients and better meet individual needs.

comfort, doing chores, escorting people to appointments, and carrying clients through times of crisis.

◆ Group Services. Seventy-two volunteer mental health professionals offered clients 42 therapy and support groups a week. The largest number of ongoing therapy groups were held for people living with AIDS. Carepartners could select a regular or drop-in group; couples also participated in ongoing therapy. Drop-in support groups were available to people with AIDS, with special groups for chemically dependent PWAs, women with AIDS, lesbians with AIDS and the bereaved. Through a sister organization, StandUp Harlem, groups met in Harlem.

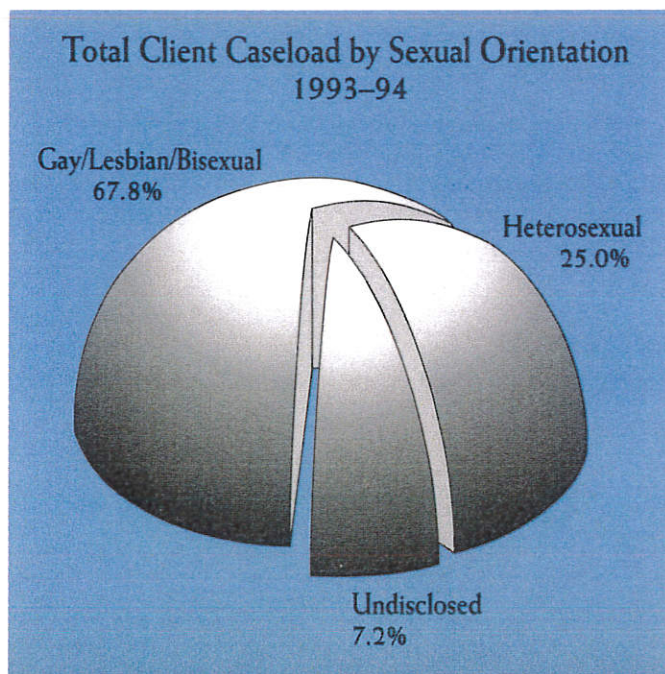
◆ Intensive Case Management. Case managers helped 278 people with AIDS receive services dealing with financial, legal, housing or other matters essential to their care.

◆ Mental Health Linkage Program. In partnership with the Jewish Board of Family and Children's Services, GMHC offered 311 clients mental health and substance abuse assessments and referrals to treatment. The program also provided training on mental health and HIV, and bereavement support to GMHC staff.

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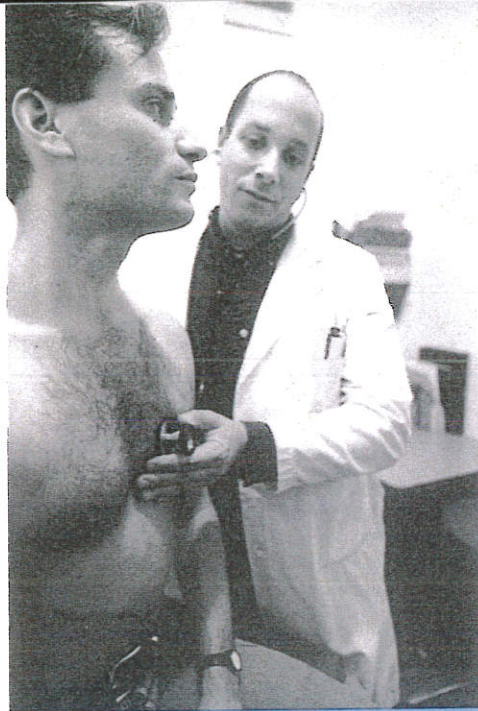
The Clinical Services Department responds to the complex psychological and emotional needs of people with AIDS. During 1993-94, we provided:

◆ Crisis Intervention Services. With the aid of 540 volunteer "buddies," crisis intervention workers, crisis management partners and Bridges Project workers (for short-term support), we served 1,176 people living with AIDS. These volunteers provided one-to-one services — offering



Within our Client Advocacy Department are services vital to people living with AIDS: Health Care Advocacy and Financial Advocacy. This year, our Health Care Advocacy office handled 2,800 cases, primarily aimed at improving health care delivery in hospitals, providing access to appropriate housing, challenging hospital discrimination, and expanding health care advocacy to local communities. In particular, the Health Care Advocacy office:

- ◆ challenged medical fraud involving physicians' referrals to labs and companies in which they have a financial interest;
- ◆ advocated for people with AIDS to receive swift dental care at teaching hospitals;
- ◆ lobbied for state regulation of pre-paid funeral services;
- ◆ worked with hospitals and the city/state Departments of Health to improve housekeeping, patient care, nurse's aide performance and ancillary services;
- ◆ encouraged hospitals to respond more sensitively to PWAs with tuberculosis and dementia;



GMHC fought to improve health care delivery in doctors' and dentists' offices, nursing homes and hospitals.

- ◆ advocated for better nursing home care for PWAs, and with the Nursing Home Community Coalition, created a handbook for residents; and

- ◆ produced a Health Care Advocacy manual.

More than 80% of GMHC clients use our Financial Advocacy office at least once. Last year, we helped 3,981 people obtain entitlements such as Public Assistance, Social Security and Medicaid. Financial Advocacy also:

- ◆ educated nearly 400 people at monthly seminars about entitlements;
- ◆ answered more than 7,500 Financial Hotline calls regarding insurance, Social Security Disability, Income Support and procedures for filing benefits;
- ◆ helped more than 700 clients maintain their medical insurance pending receipt of Medicaid;
- ◆ provided grants to over 850 clients needing food, uninterrupted telephone service or other necessities; and
- ◆ developed fact sheets on entitlements, and hired more bilingual staff.

R E S T O R I N G H O P E

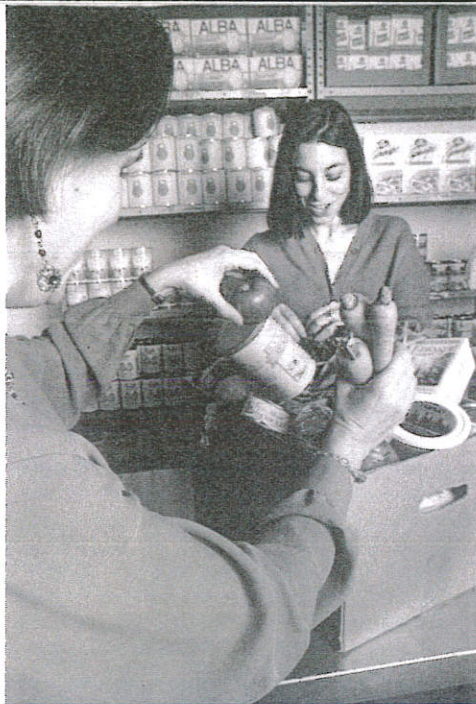
Every day our Legal Services Department responds to 40 people with AIDS who call or walk in. Last year, staff members and over 200 volunteer lawyers handled the legal concerns of over 2,000 new clients. Among 11,000 separate matters were:

- ◆ 2,290 instances of clients battling landlords to stay in their homes;
- ◆ 854 insurance disputes; and
- ◆ 757 negotiations with the IRS and other creditors to stave off bankruptcy.

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We served parents struggling for custody/visitation rights or worried for their children's future; fought cases of housing and employment discrimination; and drew up wills or powers of attorney. We also published *Estate Planning: What To Do When A Loved One Dies* to help clients and their loved ones untangle estate administration laws and other matters.

Arm in arm with other legal service groups, we challenged the Giuliani Administration's attempt to slash the Division of AIDS Services. The threat of a lawsuit, based on violations of the Americans with Disabilities Act, helped save DAS. All the while, we continued to reach out to underserved people with HIV. Our Immigrants with HIV Project received an 80% increase in Ryan White CARE bill



The new Child Life food pantry handed out nutritious food packages to 45 hungry families each month.

funding in its second year; HIV-positive immigrants were helped on 2,898 matters. Our Bronx Technical Assistance Project grew, offering legal advice to over 856 residents with HIV.

With the unprecedented award of \$200,000 in additional Ryan White CARE bill grants, the Recreation/Nutrition/Child Life Department will substantially expand its nutritional services, giving even more people with AIDS a

place to eat, relax and socialize. Philip Morris and the Samuel and May Rudin Foundation have also provided support to this department. During the past year, to help people eat better and improve their nutritional status, we served 49,928 meals; provided 717 initial nutrition assessments, 731 on-site counseling sessions, 45 home visits and advice to 1,449 clients at nutrition groups and forums, including a new group in Spanish, co-sponsored a groundbreaking conference, "Alternative Nutrition Strategies for HIV/AIDS," where 350 mainstream health care providers, alternative practitioners and PWAs discussed herbal medicine and other approaches; and opened a Child Life food pantry, dispensing food packages to 45 families a month.

In 1993-94, the Recreation/Nutrition/Child Life Department also:

- ◆ served 210 Child Life families — 600 parents and children. We started simultaneous support groups, with GMHC's Mental Health Linkage Program, for parents with HIV and their HIV-negative children; began birthday celebrations and hospital visits; and continued babysitting, excursions and holiday parties;

- ◆ inaugurated a Client Assistance Program to provide assessment, support and treatment referrals for clients with alcohol, drug or mental health concerns;

- ◆ enticed 3,000 Recreation clients with over 30 group activities and classes, where people benefited from extensive group support while pursuing their interests — gardening, painting, reading — or simply socializing;

- ◆ through the contributions of 52 professional volunteers, provided a range of free therapies — acupuncture, massage, chiropractic; and

- ◆ expanded our Theater Desk, which distributed nearly 11,000 tickets — a 250% increase this year.

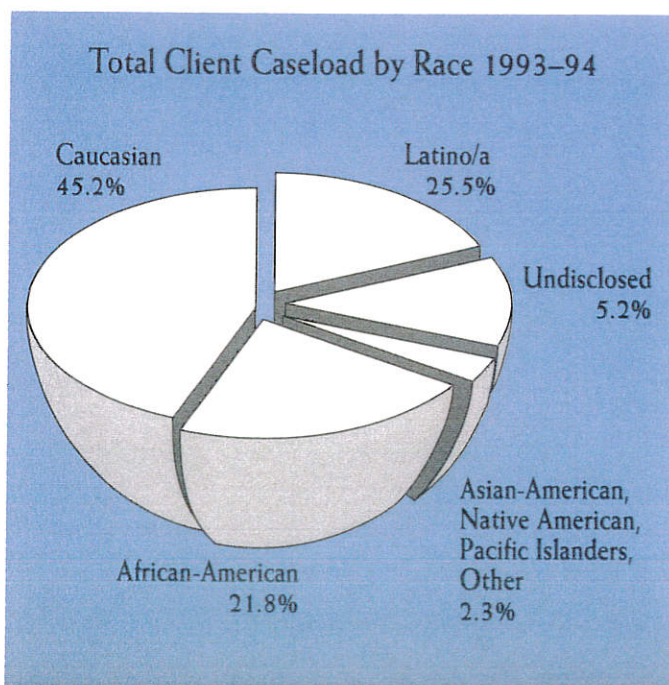
While serving a population too often overlooked, the Lesbian AIDS Project (LAP) dispels the notion that lesbians are not at risk for HIV. A leading resource for HIV-positive women who partner with women, LAP answered 4,800 phone queries this year and completed a landmark survey of 1,200 women who have sex with women. A highlight of the year's work was the first ever lesbian-specific HIV conference, "Safe & Out," a day of safer-sex workshops and discussion, organized by our HIV-Positive Lesbian Leadership Project; 70 women attended.

This year, LAP also:

- ◆ began monthly safer sex forums for lesbian and bisexual women;

- ◆ sponsored a forum on improving the health of HIV-positive lesbians, particularly in shelters and other isolated settings; and

- ◆ distributed 45,000 copies of its newsletter, *LAP Notes*; 25,000 copies of the *Safer Sex Handbook for Lesbians*; and our trailblazing resource list for HIV-positive women.



REDUCING RISK

Until science produces a vaccine, education is the best way to slow the development of AIDS and the only way to prevent HIV transmission.

During 1993-94, GMHC created the world's first public health campaign to advertise the availability of drugs to prevent PCP, a leading killer of people with HIV. Since mortality rates from PCP are high among communities of color, the six-month campaign used subway ads in Spanish and English — 3,000 in all — and bilingual radio spots. We produced 30,000 bilingual brochures on PCP prevention, and sent posters and brochures to some 7,000 community-based organizations and government agencies nationwide. As a result of our advocacy, the Federal government will sponsor a similar PCP prevention campaign, and other AIDS organizations have begun them.

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As behavioral scientists learn more about which prevention education works, the AIDS Prevention Department is continually adapting its offerings. This year, we reached 725,000 people with AIDS education publications and brochures; 34,000 New

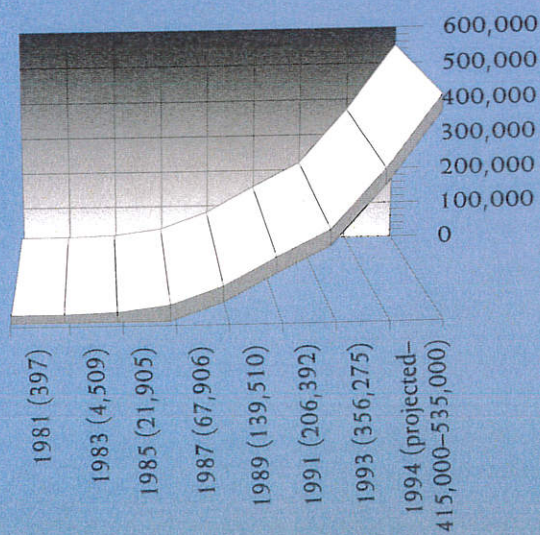
Yorkers at community information tables; and 17,000 gay and bisexual men at safer sex workshops and presentations.

With adolescent AIDS increasing alarmingly, an innovative safer sex campaign — “Young, Hot, Safe” — targeted young adult subway riders. Over a four-month period, an estimated 1.5 million riders saw 5,000 posters depicting young adult gay, lesbian and straight couples holding condoms and each other. The posters carried GMHC's Hotline number. New York City's Health Commissioner Margaret Hamburg applauded this eye-catching campaign. “Not to provide prevention messages in frank, explicit ways,” she said, “would condemn many New Yorkers to disease and even death.”

Outreach to gay and lesbian young adults also included “The Open Doors Project,” a nine-agency col-

laboration to develop safer sex peer education programs that got underway this year. GMHC's second annual “House of Latex Ball” drew over 800 young gay men of color and spread the safer-sex message. And our volunteer-run peer education program

Growth of the Epidemic, Cumulative Reported U.S. AIDS Cases 1981-1994



tabled at clubs, bars and on campuses.

This year, AIDS Prevention also:

- ◆ took the fight against AIDS to neighborhoods where HIV infection rates are climbing. Our first stop was Queens, where HIV is rising among Latino gay men. For the first time, GMHC has undertaken to design a safer sex project from the ground up, based on specific needs of a target community. To shape this customized effort, we mapped the community's social networks, and surveyed 159 men about their HIV-related attitudes and behaviors. An educational intervention is now being tailored to these findings;

- ◆ distributed to clients, volunteers and staff an educational brochure in English and Spanish, *Tuberculosis: Treatable & Beatable*, as part of agencywide efforts to prevent and treat tuberculosis. Posters hung throughout GMHC echo the brochure's message;

- ◆ redesigned three of our oldest safer sex workshops — "Eroticizing Safer Sex," "Men Meeting Men" and "Sex, Dating and Intimacy" — shaping them to fit the changing psychological profile of gay men. Survivor guilt, grief, a sense of inevitability about contracting HIV — all make it



We reached 725,000 people with educational AIDS publications and brochures.

difficult for gay men to maintain safer sex practices. Our goal for the gay community and everyone at risk: safer sex behavior sustained over time.

To educate people with HIV about medical advances, and to compel more productive AIDS research, the Department of Treatment Education and Advocacy (TEA) was formed in November 1993.

Armed with the latest medical information, people living with HIV and their carepartners can

make educated treatment decisions. Of the 65,970 calls to the GMHC Hotline last year, many concerned treatments and clinical trials. Our Hotline counseled people contemplating an HIV test and provided referrals to those who tested positive. Working to enlist bilingual volunteers to answer calls, we will soon launch a Treatment Information Hotline.

This year, among other highlights, Treatment Education and Advocacy:

- ◆ sent approximately 16,000 issues each month of the world's largest monthly newsletter on experimental AIDS therapies, *Treatment Issues*, to individuals, medical profession-

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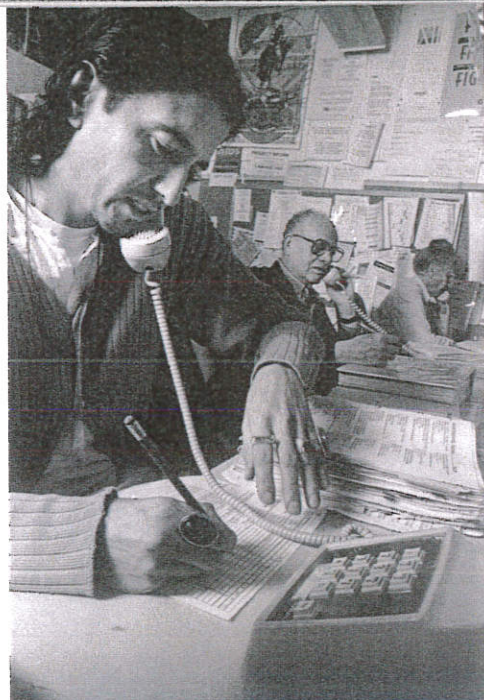
als and community-based organizations in the United States and abroad. An issue on alternative therapies provided the first comprehensive, objective review of treatments like vitamins, herbal therapy and Chinese medicine;

- ◆ initiated monthly treatment and research forums, reaching over 1,300 people on such topics as oral sex and HIV, long-term survivors, and the treatment of Kaposi's sarcoma. We collaborated in our forums with other groups — the Community Research Initiative on AIDS, Treatment Action Group, the Latino Commission on AIDS and Healthforce. TEA also began forums in Spanish;

- ◆ distributed easy-to-read treatment fact sheets, in English and Spanish, on seven opportunistic infections;

- ◆ enabled users of our Barry Gingell HIV/AIDS Treatment Library, which is open to the public, to have free access to MedLine, AIDSNet and AIDS Line, and full Internet access to AIDS treatment information.

We were equally vigilant in pointing out AIDS research problems and in fighting for solutions. GMHC was central in the community organizing that ensured leg-



The Hotline fielded 65,970 calls this year, answering queries about HIV and AIDS, and offering referrals.

islation to restructure the Federal Office of AIDS Research. We advised Congress on this bill and then helped OAR map strategic plans. Our sweeping report on clinical AIDS research at the National Institutes of Health, *Current Directions in AIDS Research*, should prove invaluable to Federal research efforts. Prepared for the 10th International AIDS Conference in Yokohama, it spotlights the lack of coordination that has hobbled the NIH's development of drugs and vaccines.

Throughout the year, we continually met with key Federal agency heads and major pharmaceutical executives to discuss drug approval standards, the allocation of research funds and the outlook for promising research.

Because substance use can undermine health, we created a Substance Use Counseling and Education Department. The program — education, counseling and intervention services especially targeted to gay men and lesbians — will help reduce or eliminate problematic drug and alcohol use so people can heed AIDS prevention messages and take better care of their health.

On-site 12-step meetings were expanded this year to nine weekly meetings of Alcoholics Anonymous, Narcotics Anonymous, Sexual Compulsives Anonymous and Cocaine Anonymous. With Project Connect of the Lesbian and Gay Community Services Center, we developed in February 1994 "Steps Toward Change," a harm reduction and recovery readiness program to help gay men with HIV change behavior related to alcohol, drug use and sexual bingeing. One hundred HIV-positive gay men received individual counseling and group support.

Educational materials produced in 1993-94 included brochures, advertisements and a palm card with tips for safer partying. The brochures, *Enjoy Yourself, Don't Destroy Yourself*, and *I was feeling good but I wanted to feel fabulous*, encourage gay men to think about how they use drugs and alcohol, and to take care of one another.

This year we also held:

- ◆ **Community Forums.** Ten monthly forums were attended by staff from GMHC and other community-based organizations. Topics ranged from understanding relapse prevention to using acupuncture in

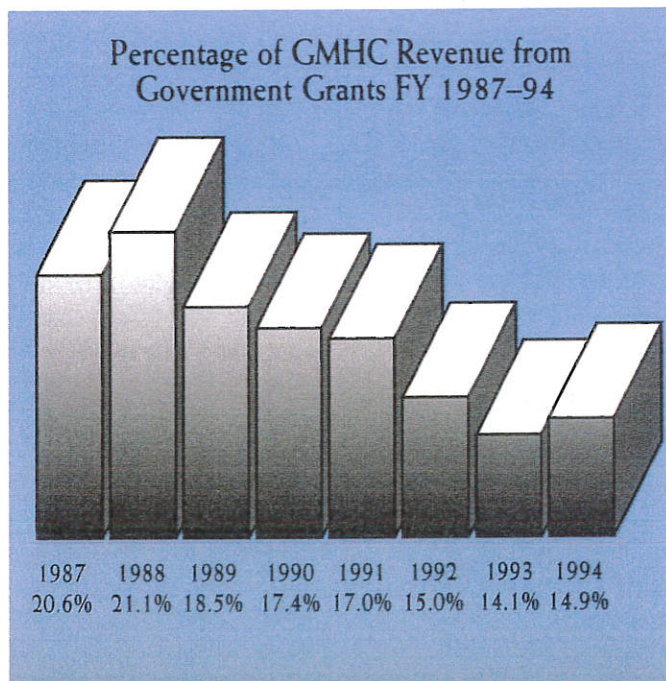
drug treatment programs.

- ◆ **Recovery Awareness Month.** Over 50 community organizations joined us to designate May "Recovery Awareness Month." Activities included: GMHC's "Living with AIDS" cable show featuring women with AIDS from StandUp Harlem; forums on sexual compulsivity, mental health services and other topics; and "Share A Day," devoted to people in recovery.

The **Training Department** was created this year to refine the skills of GMHC's workforce and advance sensitivity to AIDS in other workplaces. In 1993-94, the department focused mainly on training outside audiences, and:

- ◆ sent experts to describe their experiences living with AIDS or discuss the epidemic before 7,000 people at community organizations, churches and hospitals; and

- ◆ trained 400 managers to solve AIDS-related workplace problems. Architectural and publishing firms, dance and pharmaceutical companies, manufacturers and unions all sought advice from our Employer Consulting Services.



C R U S H I N G

C O M P L A C E N

At City Hall, in Albany and in Washington, our Public Policy Department pressures government to meet its obligations to people with AIDS. Stunning proof of our power came after a new Mayor — and party — took over City Hall. During the mayoral campaign, GMHC Action, Inc., an independent entity formed to educate the public about AIDS and electoral politics, had thoroughly briefed both candidates at GMHC. In an agencywide show of force to which clients, volunteers and staff unstintingly contributed, GMHC, during March and April 1994, spearheaded the massive mobilization that persuaded the new Giuliani Administration to spare the Division of AIDS Services. We testified before the New York City Council and pressed our friends in government to act. At a City Hall demonstration in mid-March, Executive Director Jeff Richardson branded the proposed elimination "a declaration of war" on New Yorkers with AIDS. A large GMHC contingent swelled battalions of protesters blocking the Brooklyn Bridge. And we participated in a round-the-clock vigil at City Hall. We created a Public Policy Information Line, providing up-to-date bulletins and urging callers to get involved. The Executive Budget that came out in May acknowledged that DAS is a service as critical as the Police and Fire Departments: The Division was spared the deep cuts that gutted other agencies, a tremendous victory for people with AIDS.

In November, GMHC and the New York AIDS Coalition launched a massive campaign to press Governor Cuomo and the legislature to increase the AIDS budget. Our postcards to Albany read: "Pick One. More AIDS. More suffering. More money. Governor Cuomo, it's your choice." On World AIDS Day in December, we mailed them by the bagful from the Chelsea Post Office. We also:

- ◆ used grass-roots lobbying, newspaper and radio advertisements, and phone-ins;
- ◆ issued our fourth annual State-of-AIDS report in January, evaluating the Governor's Five-Year Plan on AIDS; and
- ◆ advocated in Albany on AIDS Awareness Day in February, with over 1,500 people mobilized by the New York AIDS Coalition to meet state legislators.

Feeling the heat, the Governor added \$9.4 million to his Executive Budget, and the legislature allotted an additional \$10 million. This approximately \$20 million hike boosted state AIDS spending by 25%. For the first time, \$2.4 million was targeted to the gay and lesbian community for prevention services, \$1 million of that for substance abuse programs.

On the Federal level, we raised the voice of people with HIV in the national health care debate, organizing strategy meetings nationwide, and rallying support through advertisements, explanatory literature, and grass-

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roots postcard and telephone campaigns. We worked closely in coalition with other organizations, including disability advocates; met with Hillary Rodham Clinton; and lobbied intensively on Capitol Hill. Senators Tom Harkin (D-Iowa) and John Chafee (R-Rhode Island) visited GMHC. Among our other achievements this year, we:

- ◆ helped secure a record \$100 million for New York City through the Ryan White CARE Act;
- ◆ increased funding for the Federal AIDS Housing Opportunities Act; and
- ◆ advocated for the HIV Prevention Community Planning Initiative, directing federal dollars to New York City and State to design customized community-based prevention programs.

Hearing the real, human truth about AIDS rouses the public and mobilizes government to act. The Communications Department, a prime source for the media, produces publications, mounts advertising campaigns and makes sure that the truth is told. Communications swung into its highest gear this year to help the Public Policy Department preserve New York's Division of AIDS Services. We held editorial board meetings with the city's major dailies that resulted in favorable editorials; ran an advertorial in *The New York Times*; and helped the New York AIDS Coalition hold a press conference at City Hall. The power of the press was strongly

evident when DAS was spared. Communications also created materials to win increased New York State AIDS funding and to promote national health care reform.

Among other accomplishments, we:

- ◆ arranged over 300 interviews with GMHC clients, staff and volunteers requested by news media; secured media coverage for the PCP prevention campaign, the "Young, Hot, Safe" campaign, GMHC treatment forums and the Brooklyn buddy recruitment drive;
- ◆ fought off right-wing attacks on GMHC safer sex campaigns, with letters-to-the-editor and testimony at the Board of Education and the Metropolitan Transportation Authority;
- ◆ wrote an advice column on HIV and AIDS, "Ask GMHC," syndicated in gay magazines nationwide;
- ◆ led the way for GMHC's involvement in Stonewall 25 with our powerful message, "Fight to Live, Fight to Love, Fight AIDS," used in a subway campaign, ads, posters, cable TV public service announcements and a banner in the UN march;
- ◆ produced the weekly cable TV show, "Living with AIDS";
- ◆ published an annual report; *The Volunteer*, our bimonthly newsletter circulated to 80,000 people; and *GMHC News*, sent to 8,500 readers monthly; and exercised editorial and design oversight over all agency pamphlets, brochures and information pieces.

R O U S I N G C O N C E R N

STRETCHING SCARCE RE

Without the Development Department and the extraordinary generosity of hundreds of thousands of donors and volunteers, GMHC could not do all we do. This year, we overhauled our entire fundraising strategy to encourage current givers to give more, to identify new donors and to keep costs as low as possible. To increase cost-effectiveness, we directed more attention to major donors, corporations, foundations and bequests. By reinvigorating our efforts, we set our best fundraising record ever — \$22.6 million, \$300,000 beyond our target. Among the year's highlights:

◆ Donors continued to turn out in record numbers. In May, 30,000 walkers stepped out for the 9th Annual AIDS Walk, raising \$5.1 million in the largest AIDS fundraiser ever. At the 4th Annual Dance-A-Thon in November, 10,000 dancers raised the roof of the Javits Center and \$1.7 million. The 2nd Annual AIDS Radio-thon generated \$190,000; the Sixth Annual Art Auction, \$800,000; and through the generosity of Barbra Streisand, her concert in Madison Square Garden brought GMHC \$1 million.

◆ Major donors remained our invaluable partners. Contributions from individuals giving

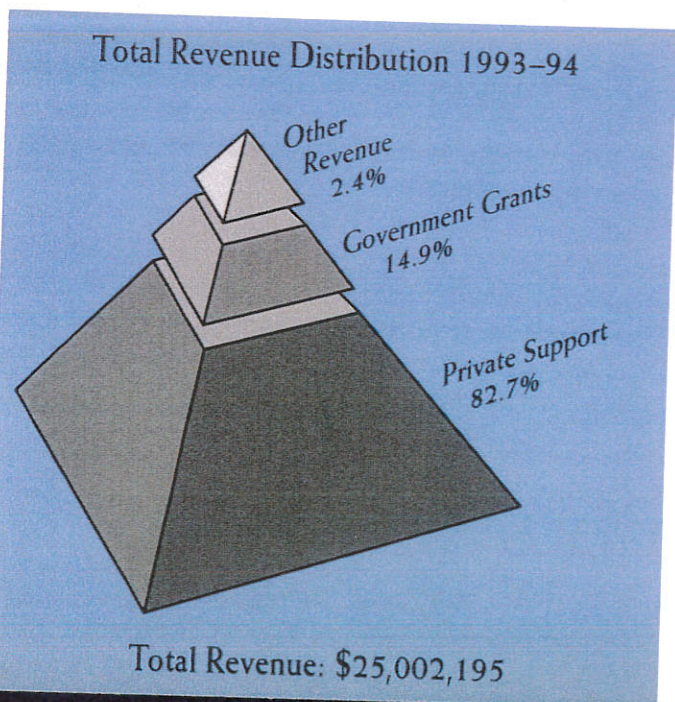
\$1,000 or more to GMHC's 1993-94 annual campaign surpassed \$3 million, a new record for the agency. This achievement would not have been possible without the pacesetter generosity of GMHC's philanthropic leadership — the GMHC President's Council — comprised of individuals contributing a minimum of \$25,000 annually. Board members James Pepper and Joan Tisch chaired the Council. David Geffen was Honorary Chair. (See p. 26 for complete listing.)

◆ Seventy-five new donors joined our Friends For Life (FFL) annual giving program, bringing the membership of those who contribute a minimum of \$1,000 to 810. Friends surpassed their fiscal goal by 13%, exceeding \$1 million for the first time ever. This year's success was achieved through increased volunteer involvement and neighborhood receptions which spread the word about GMHC. FFL donors Richard Anderman, Stan Baublatt, Marlo Thomas and Phil

Donahue, and Leslie Fay Pomerantz welcomed neighbors to their homes. Chas Lunnin, Terrence McNally, Paul Rudnick and Wendy Wasserstein also hosted receptions.

◆ Money generated through bequests increased by 15% this year. To acknowledge the

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SOURCES

significance of such gifts, we created a planned giving society, the GMHC Partners Circle.

◆ While we reduced our reliance on mailings, direct marketing generated \$4.2 million. One of the most successful programs was the Benefactors Program, for monthly donations, which attracted \$750,000.

◆ Corporations and foundations gave \$1.2 million this year as we sought more corporate matching gifts. With government giving less than 15% of our revenue, \$3.7 million, we began to seek public grants more aggressively.

Whether dancing up a storm, opening their homes or simply writing a check, our donors fuel our fight. On behalf of our clients and all whom GMHC serves, we warmly thank them.

GMHC's animating spirit is altruism. That spirit is embodied in the thousands of volunteers mobilized by our Volunteer Department. Idealism, integrity, commitment and a dazzling diversity of skills — these are the qualities that our 4,206 volunteers bring to GMHC's service, education and advocacy programs. Another 4,000 seasonal volunteers work on our large fundraisers. By donating their talents and time, volunteer



At the 11th Annual Dance-A-Thon, 10,000 dancers raised the roof of the Javits Center and \$1.7 million.

intake clinicians, buddies, group therapists, lawyers, file clerks and Board members enable GMHC to do more. Last year, they contributed an impressive 117,802 hours valued at \$2.4 million.

In 1993-94, the Volunteer Department expanded its "Spectrum of Support" (S.O.S.) Program. To help volunteers, we held five Grief and Healing Weekends and introduced a ten-week Grief Recovery Group. The department initiated an HIV-positive volunteer group, Louise Hay groups, Reiki workshops and

crisis counseling to support our volunteers as they support our clients.

Through partnerships with AIDS organizations and with churches, synagogues and mosques, we signed up a record number of buddies outside Manhattan. Following the success of the Bronx Buddies Project, this year we joined hands with community-based groups in our Brooklyn Buddies drive: the Brooklyn AIDS Task Force and the Association of Brooklyn Clergy for Community Development. Brooklyn Borough President Howard Golden hailed our recruitment drive. To attract volunteers and educate about AIDS, we built relationships with twenty churches and synagogues. As

SUPPORTING ESSENTIALS

Father Dennis Corrado of the Brooklyn Oratory of St. Boniface said, "The AIDS population in Brooklyn is enormous and growing. You can either hide or you can help."

During the past year, we also:

- ◆ declared April 1994 GMHC's first-ever Volunteer Awareness Month. In partnership with the Diocesan Episcopal AIDS Committee, we sponsored a skills building conference, offering 145 volunteers professional development; then, 1,500 people packed Webster Hall for an all-volunteer recognition bash;

- ◆ began to recruit buddies in recovery for clients in recovery; and

- ◆ established an information-sharing relationship with Grupo de Apoio à Prevenção à AIDS de Bahia in Salvador, Brazil.

To ensure that programs work the way we intend them to, GMHC's Department of Evaluation Research measures their effectiveness. This past year, for the first time we surveyed our clients regarding their satisfaction with GMHC. Findings were encouraging: 87% of interviewed clients were



Volunteers keep New Yorkers informed about political issues important to people with AIDS.

"very satisfied"(56%) or "somewhat satisfied"(31%) with our services. Clients also rated areas such as respect shown them by volunteers, drug and alcohol programs, and improving quality of life. Only with such systematic feedback can we continue to refine our programs to meet changing needs.

With the AIDS Prevention Department, Evaluation Research built the foundation for our pioneering safer sex prevention program among gay men of color in Queens. Information gathered this year will

shape the prevention program now being designed.

Evaluation Research also:

- ◆ assessed available HIV services for Latinos and Latinas in New York City, finding that organizations are ill-equipped to respond to their needs;

- ◆ issued reports on matters such as the agency's managed growth policy, including the timeliness of service delivery; and on the sexual risk-taking behaviors of gay and lesbian young adults;

- ◆ conducted client focus groups to devise brochures for GMHC's new Tuberculosis Treatment Education and Support Program, and monitored that program's implementation; and

- ◆ reviewed 39 proposals, 22 of them internal GMHC projects, through the Institutional Review Board (IRB) to ensure that our clients are treated equitably and ethically in research projects.

Providing the essential infrastructure to support GMHC are the highly dedicated departments of Human Resources, Finance, Information Systems, and Facilities. During the past year, we:

- ◆ strengthened policies on HIV in the workplace, non-discrimination, sexual harassment, family and medical leave, and security for personnel records;

- ◆ established bereavement and HIV-positive staff support groups;

- ◆ created an Office of Staff Health Ombudsman to support employees with disabling illness;

- ◆ improved recruitment and hiring procedures, with emphasis on hiring people of color;

- ◆ inaugurated a new budget monitoring mechanism and annual program reviews, and enhanced monthly financial reports to provide greater accountability;

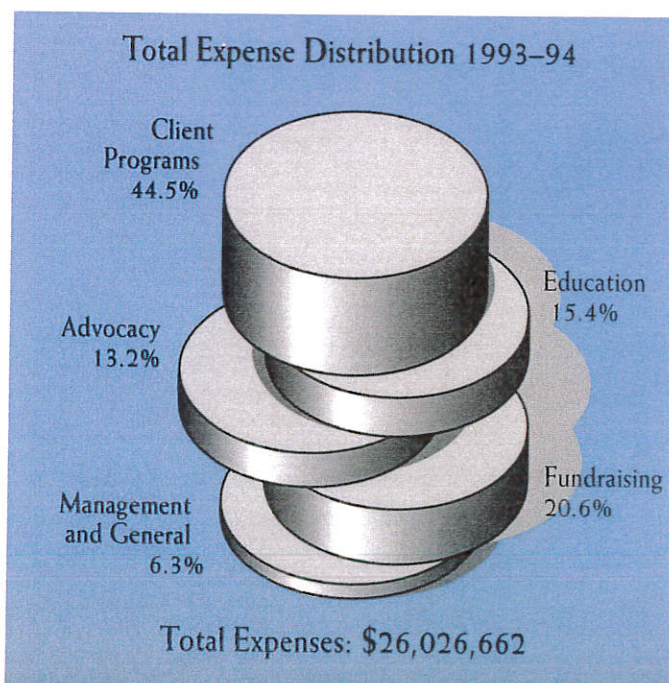
- ◆ installed equipment to reduce the risk of TB transmission; and

- ◆ expanded agencywide computer storage capacity.

Through Technical Assistance we reach beyond our own walls and New York's borders. During the past year, GMHC distributed the revised edition of the *Living with AIDS Guide*, the most comprehensive guide of its kind. We developed a database to track technical assistance agencywide, documenting assistance to 119 service organizations over a six-month period. We held workshops attended by nearly 1,000 people in conjunction with organizations like the American Red Cross, NYU and Cancer Care on topics such as the interplay of tuberculosis and HIV, and neuropsychiatric manifestations of AIDS and HIV.

Among other groups that we assisted were: Albert Einstein

College of Medicine, AIDS Committee of Toronto, HIV Network of Bed/Stuy, Hispanic AIDS Forum, Hunter School of Social Work, Jamaica Hospital, Japan HIV Center, McBurney YMCA, The United Way of New York City, and Vermont Department of Health.



HONORING OUR PAST

How we think about AIDS shapes our future.

We can believe that we are powerless to change the course of AIDS, that as fast as science races ahead, our grasp of microbiology and human behavior will inevitably fall short. We who battle AIDS every day can disparage the value of our commitment and our acts. Discouraged, we can fall back and fall silent as the epidemic roars forward.

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A caring volunteer buddy, offering comfort and easy conversation, makes all the difference in the life of a young client.

Or we can honor the strides that we are taking against a brutal killer, the thousands of men, women and children whom we support, the hundreds of thousands of lives we help save. Challenging despair and crushing complacency, we can rise up, unshaken and stronger than ever. With the help of all the extraordinarily generous people who make our work possible, with *your* help, we must. There is still so much for all of us to do.

BUILDING OUR FUTURE

FROM THE TREASURER

Gay Men's Health Crisis, Inc. (GMHC) continued to grow in the fiscal year ended June 30, 1994 (FY 1994), but at a considerably more modest pace than in previous years.

Expenditures for GMHC's program services during the year were slightly more than \$19 million, an increase of about 6% from the year before. Of that amount, \$2.4 million represents the fair market value of services donated by volunteers. The actual contribution of our volunteers to GMHC, however, cannot be calculated. There is no way to measure the enormous difference volunteers make in our capacity to serve clients and to deliver the wide variety of programs that we offer.

Resources allocated to each of the three areas we identify as our mission — client programs, education and public policy — increased this year. GMHC spent \$11.6 million on client programs, just over \$4 million on education and \$3.4 million on public policy. Despite the fact that the rate of spending on these areas increased more slowly than in previous years, the agency accomplished all of its primary program goals and did so on budget. We were able to hold to modest levels the increase in the cost of supporting services, including fundraising.

Government grants grew by nearly 7% to \$3.7 million, and significantly they began inching up to nearly 15% of total revenue, a result of our tremendous push to obtain all feasible government funding. While this percentage still represents a failure of our elected officials to respond adequately to the epidemic, it may be a promising sign that they will do more in the future.

Nevertheless, as in past years, GMHC must continue to rely on the generosity of our individ-

ual, corporate and foundation donors, which number more than 400,000. Their contributions, whether just \$1 or hundreds of thousands of dollars, made this our best fundraising year ever. From all sources we raised \$22.6 million, \$300,000 beyond our target. The incredible altruism of our donors makes GMHC's work possible.

During the year, GMHC introduced a number of new financial management and modeling systems. These improvements encourage program managers to be innovative in designing new program initiatives and provide prompt feedback on the status of budgetary goals. With these changes in place, GMHC is positioned to respond to critical challenges quickly and effectively.

GMHC ended FY 1994 on budget and financially sound. Thanks to our donors' immense generosity and prudent fiscal management, we completed the year in good shape. And these will be the ingredients that will make the upcoming year a success. For although our unrestricted fund balances (exclusive of plant, property and equipment) at year's end totaled \$3.8 million, this sum barely provides us with a two-month operating reserve should unforeseen events take place.

Our Board of Directors has approved a budget for FY 1995 which predicts that total receipts will equal total expenditures (excluding depreciation) and which assumes the agency will raise more than \$27 million.

Only the continued generosity of our donors, the extraordinary efforts of volunteers and staff, and careful financial stewardship will enable GMHC to maintain our fight against the HIV pandemic.

David Hollander

David Hollander
Treasurer

KPMG Peat Marwick LLP

345 Park Avenue
New York, NY 10022

Independent Auditors' Report

The Board of Directors
Gay Men's Health Crisis, Inc.

We have audited the accompanying balance sheets of Gay Men's Health Crisis, Inc. (GMHC) as of June 30, 1994, and the related statements of support, revenue, expenses and changes in fund balances, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of GMHC's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Gay Men's Health Crisis, Inc. as of June 30, 1994, and the results of its operations, the changes in its fund balances and its cash flows for the year then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick LLP

BALANCE SHEET

June 30, 1994 (with comparative figures for 1993)

	<u>1994</u>	<u>1993</u>
Assets		
Cash and cash equivalents	\$ 3,622,066	4,499,204
Investments	75,945	88,474
Government and other grants receivable	467,668	587,738
Pledges and other receivables (net of allowance for doubtful accounts of \$60,000 in 1994 and \$50,000 in 1993)	934,107	722,059
Other assets	345,570	396,119
Fixed assets, net (note 3)	<u>9,726,076</u>	<u>10,044,097</u>
Total assets	\$15,171,432	16,337,691
Liabilities and Fund Balances		
Accounts payable and accrued expenses	\$ 1,182,921	1,162,733
Deferred support	353,609	473,494
Obligation under capital lease (note 4)	107,182	141,395
Other liabilities (note 8)	<u>45,280</u>	<u>53,162</u>
Total liabilities	<u>1,688,992</u>	<u>1,830,784</u>
Fund balances:		
Unrestricted	3,774,500	4,505,692
Restricted	55,046	64,513
Net investment in fixed assets	9,618,894	9,902,702
Term endowment fund	<u>34,000</u>	<u>34,000</u>
Total fund balances	<u>13,482,440</u>	<u>14,506,907</u>
Total liabilities and fund balances	\$15,171,432	16,337,691

See accompanying notes to financial statements.

STATEMENT OF SUPPORT, REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

Year ended June 30, 1994 (with comparative totals for 1993)

	1994				Total	1993 Total
	Current funds		Net investment in fixed assets	Term endowment fund		
	Unrestricted	Restricted				
Support:						
Contributions	\$ 8,268,537	1,059,798	4,000	-	9,332,335	8,890,236
Donated services (note 6)	2,398,284	-	-	-	2,398,284	2,735,050
Established memorial funds	161,914	4,256	-	-	166,170	148,193
Special events (net of direct benefit cost of \$578,959 and \$352,829 in 1994 and 1993, respectively)	8,764,835	27,114	-	-	8,791,949	8,973,756
Government grants	-	3,714,764	-	-	3,714,764	3,478,235
Total support	<u>19,593,570</u>	<u>4,805,932</u>	<u>4,000</u>	<u>-</u>	<u>24,403,502</u>	<u>24,225,470</u>
Revenue:						
Investment income, net	52,049	-	-	-	52,049	95,302
Rental income (note 3)	180,666	-	-	-	180,666	129,850
Third-party reimbursements	81,129	-	-	-	81,129	-
Publication sales and training fees	255,573	-	-	-	255,573	237,483
Miscellaneous	29,276	-	-	-	29,276	30,295
Total revenue	<u>598,693</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>598,693</u>	<u>492,930</u>
Total support and revenue	<u>20,192,263</u>	<u>4,805,932</u>	<u>4,000</u>	<u>-</u>	<u>25,002,195</u>	<u>24,718,400</u>
Expenses:						
Program services:						
Client programs	7,294,918	3,710,393	585,745	-	11,591,056	10,795,656
Education	3,081,345	763,702	156,884	-	4,001,931	3,814,566
Public policy development, information and advocacy	<u>3,084,449</u>	<u>194,330</u>	<u>147,585</u>	<u>-</u>	<u>3,426,364</u>	<u>3,252,838</u>
Total program services	<u>13,460,712</u>	<u>4,668,425</u>	<u>890,214</u>	<u>-</u>	<u>19,019,351</u>	<u>17,863,060</u>
Supporting services:						
Management and general	1,465,248	101,129	78,413	-	1,644,790	1,323,227
Fundraising	<u>5,200,841</u>	<u>44,862</u>	<u>116,818</u>	<u>-</u>	<u>5,362,521</u>	<u>4,835,131</u>
Total supporting services	<u>6,666,089</u>	<u>145,991</u>	<u>195,231</u>	<u>-</u>	<u>7,007,311</u>	<u>6,158,358</u>
Total expenses	<u>20,126,801</u>	<u>4,814,416</u>	<u>1,085,445</u>	<u>-</u>	<u>26,026,662</u>	<u>24,021,418</u>
Excess (deficiency) of support and revenue over expenses	65,462	(8,484)	(1,081,445)	-	(1,024,467)	696,982
Other changes in fund balances:						
Plant acquisitions and debt service from current funds	(796,654)	(983)	797,637	-	-	-
Fund balances at beginning of year	<u>4,505,692</u>	<u>64,513</u>	<u>9,902,702</u>	<u>34,000</u>	<u>14,506,907</u>	<u>13,809,925</u>
Fund balances at end of year	<u>\$ 3,774,500</u>	<u>55,046</u>	<u>9,618,894</u>	<u>34,000</u>	<u>13,482,440</u>	<u>14,506,907</u>

See accompanying notes to financial statements.

STATEMENT OF FUNCTIONAL EXPENSES

Year ended June 30, 1994 (with comparative totals for 1993)

	1994						1993 Total
	Program services			Supporting services			
	Client programs	Education	Public policy development, information and advocacy	Management and general	Fundraising	Total	
Staff compensation	\$ 5,009,486	1,411,963	1,264,782	704,578	877,309	9,268,118	8,058,615
Employee benefits and payroll taxes	1,515,797	418,051	345,778	165,347	235,593	2,680,566	2,246,392
Donated services (note 6)	1,915,059	480,301	-	-	-	2,395,360	2,735,050
Professional fees and contract service payments	467,784	212,919	318,560	391,387	2,127,456	3,518,106	2,926,626
Postage and shipping	62,870	68,145	126,971	6,524	682,871	947,381	1,051,116
Telephone	216,622	62,331	50,569	32,398	34,288	396,208	284,871
Occupancy	446,242	115,786	122,626	56,341	107,230	848,225	663,742
Supplies	123,244	49,854	33,056	27,334	64,891	298,379	269,404
Printing	109,999	259,103	176,450	8,498	679,764	1,233,814	1,193,038
Equipment rental and maintenance	129,166	37,322	31,852	18,819	107,838	324,997	354,954
Memberships and subscriptions	22,456	9,346	9,387	4,630	10,459	56,278	45,212
Staff and volunteer training and support	123,716	38,066	18,205	20,801	27,963	228,751	228,202
Meetings	10,461	4,016	5,367	2,896	1,023	23,763	31,388
Travel and related costs	63,136	98,980	63,623	12,501	32,042	270,282	249,600
Marketing and promotion	18,789	244,014	223,788	1,261	153,713	641,565	738,591
Staff recruitment	141,916	60,799	46,007	18,146	17,173	284,041	197,393
Other program expenses	75,759	137,744	20,493	-	-	233,996	377,273
Food and related costs	231,647	-	-	-	-	231,647	212,601
Grants to other AIDS service organizations	134,656	107,815	284,015	-	-	526,486	562,218
Direct financial aid	89,108	-	-	-	-	89,108	91,552
Insurance	72,913	23,098	12,939	7,515	15,209	131,674	115,955
Real estate taxes and interest	16,276	4,127	4,458	10,738	3,891	39,490	41,817
Direct lobbying expenses	-	-	119,151	-	-	119,151	125,235
Miscellaneous	8,209	1,267	702	76,663	66,990	153,831	123,769
Total expenses before depreciation and amortization	11,005,311	3,845,047	3,278,779	1,566,377	5,245,703	24,941,217	22,924,614
Depreciation and amortization	585,745	156,884	147,585	78,413	116,818	1,085,445	1,096,804
Total expenses	<u>\$11,591,056</u>	<u>4,001,931</u>	<u>3,426,364</u>	<u>1,644,790</u>	<u>5,362,521</u>	<u>26,026,662</u>	<u>24,021,418</u>

See accompanying notes to financial statements.

STATEMENT OF CASH FLOWS

June 30, 1994 (with comparative figures for 1993)

	<u>1994</u>	<u>1993</u>
Cash flows from operating activities:		
Excess (deficiency) of support and revenue over expenses	\$(1,024,467)	696,982
Adjustments to reconcile excess (deficiency) of support and revenue over expenses to net cash (used in) provided by operating activities:		
Depreciation and amortization	1,085,445	1,096,804
Decrease in government and other grants receivable	120,070	3,103
(Increase) decrease in pledge and other receivables	(212,048)	75,284
Decrease (increase) in other assets	50,549	(125,022)
Increase in accounts payable and accrued expenses	20,188	581,880
Decrease in deferred support	(119,885)	(737,689)
(Decrease) increase in other liabilities	<u>(7,882)</u>	<u>53,162</u>
Total adjustments	<u>936,437</u>	<u>947,522</u>
Net cash (used in) provided by operating activities	<u>(88,030)</u>	<u>1,644,504</u>
Cash flows from investing activities:		
Principal payments under liquidating trust	13,280	11,860
Net increase in term endowment investment	(751)	(1,001)
Capital expenditures	<u>(767,424)</u>	<u>(431,633)</u>
Net cash used in investing activities	<u>(754,895)</u>	<u>(420,774)</u>
Cash flows from financing activities:		
Borrowings under line-of-credit agreement (note 7)	500,000	-
Repayments under line-of-credit agreement (note 7)	(500,000)	-
Principal payments under capital lease	<u>(34,213)</u>	<u>(38,081)</u>
Net cash used in financing activities	<u>(34,213)</u>	<u>(38,081)</u>
Net (decrease) increase in cash and cash equivalents	(877,138)	1,185,649
Cash and cash equivalents at beginning of year	<u>4,499,204</u>	<u>3,313,555</u>
Cash and cash equivalents at end of year	<u>\$ 3,622,066</u>	<u>4,499,204</u>
Supplementary disclosure — cash paid during the year for interest expense	<u>\$ 16,037</u>	<u>10,772</u>

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

June 30, 1994

(1) Organization

Gay Men's Health Crisis, Inc. (GMHC) was incorporated under New York State law on June 25, 1982. GMHC, the first organization created in response to the AIDS epidemic, founded by members of the gay community and committed to the practice and realization of multiculturalism, whose services are provided principally by volunteers, has as its purposes: to maintain and improve the quality of life for persons with AIDS, persons with HIV infection and their carepartners; to advocate for fair and effective public policies and practices concerning HIV infection; and through education, to promote awareness, understanding and prevention of HIV infection.

GMHC volunteers, under the supervision of professional staff members, deliver a variety of direct services, education and advocacy for people with HIV infection, their carepartners and loved ones.

Client Programs. In Client Program departments, Intake Clinicians conduct intake interviews to assess new clients' needs and help them choose which GMHC services best meet those needs. Volunteers assigned as buddies help with chores clients can no longer perform themselves. Crisis Intervention Workers (CIWs) are assigned when more intensive emotional support is required. Crisis Management Partners combine functions of both buddies and CIWs for clients needing professional monitoring for physical and emotional needs. Group Leaders facilitate the many support groups GMHC offers clients, their carepartners, loved ones and friends. The Child Life Program provides services to families with AIDS by offering child care, outings, nutritional counseling and other support to children affected with HIV disease, their siblings and parents. The Recreation Program offers diverse services, social activities and special events. GMHC's Nutrition Program provides clients with free hot meals five days a week, in addition to individual nutritional counseling. The Client Advocacy Department works to ensure that people with HIV and AIDS receive adequate services from health care providers, hospitals and related services. Through the Financial Advocacy Program, the department also directs clients to the proper government financial aid programs and helps them receive benefits to which they are entitled. Through the Legal Services Department, staff and volunteer attorneys assist clients with estate planning, powers of attorney, living wills as well as legal matters involving insurance, housing, discrimination, immigration and personal finances.

Education. GMHC's AIDS Prevention Department conducts public education seminars, holds safer sex workshops and produces informative publications and videos. The Treatment Education and Advocacy Department operates the Hotline, produces a monthly treatment newsletter, holds treatment and research forums, runs a treatment library, and advocates for better AIDS research. The Substance Use Counseling and Education Department offers education, counseling and intervention services to help modify problematic drug and alcohol use. The Training Department provides speakers talking about HIV and consults on HIV-related workplace problems.

Technical Assistance. GMHC's Technical Assistance Program assists

other community-based AIDS organizations in establishing their own programs and services. Thousands of hours of technical assistance are provided by GMHC staff and volunteers to other organizations.

Public Policy Development. The Public Policy Department utilizes a statewide telephone and mail network to call legislators when HIV-related voting occurs. To push for favorable bills and against unfavorable legislation, full-time lobbyists are employed in Albany and Washington, D.C. The department forges coalitions among AIDS organizations and other social change groups throughout New York City and the nation.

The Communications Department volunteers and staff produce regular publications, and exercise editorial and design oversight over all of GMHC's materials. To ensure accurate media coverage of important HIV and AIDS issues, the department holds press conferences and arranges interviews. Communications also creates advocacy campaigns to heighten public awareness of policy issues.

(2) Summary of Significant Accounting Policies

Fund Accounting. The accompanying financial statements are presented substantially in accordance with the industry Audit Guide, *Audits of Voluntary Health and Welfare Organizations*, published by the American Institute of Certified Public Accountants.

To ensure observance of limitations and restrictions placed on the use of resources available to GMHC, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources are classified for accounting and reporting purposes into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds. Unrestricted funds are funds which have no restrictions imposed by donors, grantors or other outside parties and, accordingly, may be used for any purpose in achieving the organization's goals.

The Term Endowment fund represents resources that are subject to restrictions of the gift instrument which require, through the year 2000, that the principal be invested and that only the income from investments be used. After the year 2000, the principal is expendable.

Revenue Recognition. Contributions are recorded as support when received unless designated by donors for use in future years in which case they are deferred.

Government and private grants are recorded as support when the related costs are incurred.

Investments. Investments are presented at cost or at fair market value at the date of the gift, if contributed.

Fixed Assets. Fixed assets are presented at cost, or at fair market value at the date of the gift, if contributed. Depreciation and amortization have been provided using the straight-line method over the shorter of estimated useful lives of the assets or the life of the related lease.

Statement of Cash Flows. For purposes of the statement of cash flows, GMHC considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents.

Tax-Exempt Status. GMHC is a New York not-for-profit corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code (the Code). Contributions by donors qualify for the maxi-

mum charitable contribution deduction. In fiscal year 1991, GMHC elected to operate under Section 501(h) of the Code in order to participate in limited lobbying activities regarding AIDS-related issues without jeopardizing its exemption from income taxes under Section 501(c)(3).

In addition, during 1993, GMHC established a related organization to influence public policy on HIV and AIDS related issues (see note 8).

Reclassifications. Certain reclassifications of prior year's balances have been made to conform to the current year's presentation.

(3) Fixed Assets

Fixed assets consist of the following:

	June 30	
	<u>1994</u>	<u>1993</u>
Land	\$ 731,740	731,740
Building and building improvements	8,488,417	8,439,331
Leasehold improvements	1,398,805	1,235,958
Furniture and equipment	<u>3,848,815</u>	<u>3,293,324</u>
	14,467,777	13,700,353
Less accumulated depreciation and amortization	<u>4,741,701</u>	<u>3,656,256</u>
Fixed assets, net	<u>\$ 9,726,076</u>	<u>10,044,097</u>

GMHC has leased a portion of its building to an unrelated not-for-profit organization. Such lease arrangement expires December 31, 1998 and requires minimum annual rental payments as follows:

<u>Year ending June 30</u>	<u>Amount</u>
1995	\$138,000
1996	141,000
1997	144,000
1998	148,000
1999	75,000

(4) Obligation Under Capital Lease

GMHC is obligated under a capital lease for office furniture expiring January 31, 1997. At June 30, 1994 and 1993, the asset balance of such leased furniture was \$96,738 and \$135,433, net of accumulated depreciation of \$96,737 and \$58,042, respectively. The following is a schedule of future annual minimum lease payments under the capital lease together with the present value of the net minimum lease payments as of June 30, 1994:

<u>Year ending June 30</u>	<u>Amount</u>
1995	\$ 44,900
1996	44,900
1997	<u>26,191</u>
Total future minimum lease payments	115,991
Less amount representing interest	<u>8,809</u>
Present value of net minimum lease payments	<u>\$ 107,182</u>

(5) Real Property Lease Commitment

GMHC is obligated under operating leases for office facilities, expiring at various dates through January 31, 1999. Future minimum annual rental payments are as follows:

<u>Year ending June 30</u>	<u>Amount</u>
1995	\$219,223
1996	168,417
1997	52,000
1998	52,000
1999	30,333

Rent expense for the year ended June 30, 1994 was \$456,559.

(6) Donated Services

Numerous volunteers have contributed many hours to GMHC to provide services to persons with AIDS, conduct fundraising and provide administrative support to the organization. GMHC has valued the program-related services at fair market value because those services constitute an integral part of the efforts of the organization and would be purchased if not provided by volunteers. Equivalent amounts of revenue and expense are recognized for these services.

(7) Line of Credit

GMHC has a \$5,000,000 line of credit available to support seasonal working capital needs. This line of credit will expire on December 31, 1994. On May 5, 1994, GMHC borrowed \$500,000 against this line of credit. The loan was repaid in June 1994, including interest at the then existing prime rate. A two-year commitment fee of \$10,000 is required for this line of credit.

(8) Related Party Transactions

On February 3, 1993, GMHC established a related organization, Gay Men's Health Crisis Action, Inc. (GMHCA), under Section 501(c)(4) of the Internal Revenue Code. GMHCA's principal activities are to influence public policy on HIV and AIDS related issues.

GMHC and GMHCA share the same management, employees and facilities, in addition to certain directors. Certain costs for fundraising, programs and administration are shared between the two organizations with a proportionate share of those costs billed to GMHCA. Additionally, GMHC pays interest to GMHCA on its outstanding inter-company payable at the existing prime rate. GMHC had a net amount due to GMHCA of \$40,262 and \$53,162 at June 30, 1994 and 1993, respectively.

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