



1999–2000  
Annual Report



*moving forward*

**GMHC**

GAY MEN'S HEALTH CRISIS



## *Mission Statement*

**G**ay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS.

Our mission is to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment and cure of HIV an urgent national and local priority. In fulfilling this mission, we will remain true to our heritage by fighting homophobia and affirming the individual dignity of all gay men and lesbians.

## *Moving Forward*

### *Report from the Board Co-Chairs*



Marjorie Hill

**H**ow does an AIDS agency stay both fluid and stable, changing with the epidemic itself, yet remaining a source of strength and support for all the men, women and children who rely on it? This year, GMHC was once again called upon to face that paradox. New treatments help many people live longer with HIV—but also present them with new, unanswered needs. For thousands of others—particularly those who have been sickest longest—AIDS still means the obstacles they have faced for years: debilitating illness, crippling



William F. McCarthy

bodily changes, constant doctors' visits, financial expenses and emotional challenges. The public, tired of two decades of loss, was quick to close their eyes to the new complexities of AIDS, seizing on partial success to declare a premature "end of the epidemic."

GMHC—serving nearly one in four New Yorkers with HIV—could not afford the luxury of turning away. And by continuing to serve our clients, we have proven ourselves up to the challenge of charting new directions. The year 2000 found the agency strong and stable. We have restructured, paring back administrative costs—not just to meet our immediate fiscal demand, but to make us more adaptable for the future. With input from clients, volunteers, staff, donors and community leaders, we are articulating new models of service that match the new realities of HIV. Our morale is high.

Most importantly, we have made changes while preserving the core of GMHC's mission: services for men, women and children with HIV, prevention of new infections, and advocacy to fight stigma, boost funding and force change. GMHC directly served more than 11,000 people this year. Our prevention efforts reached more than 15,000 men and women across New York City, while our advocacy and technical assistance helped shape programs and policy around the world.

How have we come through? The success of this past year has relied on three critical elements:

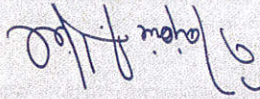
**New leadership.** GMHC has found one of the nation's most capable and credible AIDS leaders in its new executive director, Ana Oliveira. With more than 10 years of experience running programs for drug users and ex-offenders, and an additional three years as director of programs at GMHC, Ana is the first GMHC executive director in over a decade with significant experience in service provision to people with HIV. In addition, she is the first woman and the first Latina to head the agency.

Also at the board level, leadership is new: A partnership between two of GMHC's core constituents—a woman of color and a gay man—makes our contribution an unprecedented collaboration, and one that we hope will continue to bring diversity, strength and accountability to the agency.

**Return to core values.** Throughout the restructuring, we have been guided by the voices of our core constituents: people living with HIV and those at risk. Both the GMHC board and executive director have opened new channels of communication with clients and volunteers, holding regular town meetings and forums open to all. Our newly invigorated Program Advisory Group has helped set priorities within the agency. Our new Immigrants Advisory Group has commanded the attention of legislators and the media with its outspoken challenge of discriminatory policies. Even as we change, GMHC maintains our commitment to what we do best and what people need most: basic supports such as buddies, meals, legal support, treatment education, targeted HIV prevention, and advocacy to fight discrimination, increase funding and improve health care. We are proud to serve men, women and children, and to maintain the special commitment to gay communities that has been reflected in our name—and in our work—since GMHC's founding.

**Peers, volunteers and donors.** As in the earliest days of GMHC, we are drawing more on the expertise of trained peers and volunteers. This year, peers and volunteers allowed us to greatly increase accessibility and affordability of the David Geffen Center for HIV Prevention and Health Education, to offer new services through our peer health specialists, and to expand efforts such as our Child Life Program, our free acupuncture clinic, and HIV prevention outreach to gay and bisexual men. Our donors remain an essential and appreciated source of support. More than 400,000 individuals contributed to GMHC's work this year, turning out for AIDS Walk and benefits, and stepping forward with critical contributions. Our debt to these supporters and the value of these gifts to those fighting AIDS in New York are far greater than can be measured in dollars and cents.

The following pages detail some of the highlights of GMHC's AIDS services, educational efforts and advocacy over the past year. To the many of you who helped us with these accomplishments, we are proud to offer this report, along with our gratitude.

  
Marjorie Hill, Ph.D.

  
William F. McCarthy

### 1999-2000 Board Members

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## Letter from the Executive Director



Ana Oliveira

Survival for people with HIV and for the agencies that serve them is a critically important goal. At GMHC, we work to help people survive HIV and live fuller, better lives—to protect themselves and those they care about, to challenge debilitation and discrimination, and to recognize that neither being sick nor staying well is something that anyone should have to do alone.

We worked to ensure that GMHC's programs continued with the same vitality and quality they have had since their beginning, while moving the agency toward a planned future. This year, moving toward the future meant new ways of reaching out to people who were underserved or unconnected to AIDS services, including the gay men and Latino and black women who are hardest hit or most at risk. Moving forward has also meant making sure that people who had long been with us were not left behind or alone to cope with the challenges of treatment failures, financial burdens and new legal obstacles. We worked to make GMHC more accessible, bringing testing campaigns into the streets and subways, and offering community forums and town hall meetings. GMHC continues to become as diverse as the epidemic itself, increasing diversity of both our staff and our materials. Fifty-four percent of GMHC's staff, including our two senior managers, are people of color, as is one of our board chairs and two-thirds of our clients.

With your help, we will do much more. I look forward to our continuing to build on our well-earned reputation as the world's most innovative AIDS organization. Our vision for the future includes a few key elements:

**Strategic partnerships.** The future of GMHC lies in developing strategic partnerships that permit us to enhance support to people with the greatest need and risk, building low-threshold, easy-access services in different locales. Strategic collaborations with other agencies can make limited resources and local expertise go further. Research partnerships with universities and academic centers can give us sharper information on our strengths and the changing needs of the epidemic, and allow us to target our efforts more efficiently.

**Engaging people into care.** We are targeting our efforts to reach those who are least likely to come for HIV testing on their own and are at highest risk—youth, gay and bisexual men of color, and women. We have begun to take testing and counseling—and our excellence in following up and bringing people into care—beyond the walls of our building and into the communities around New York City where there is great need.

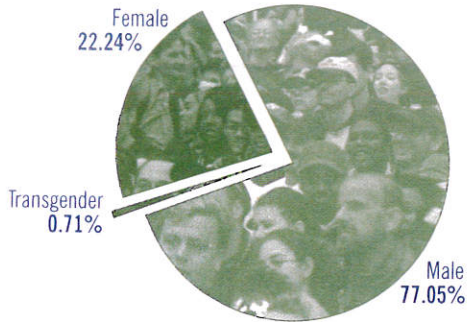
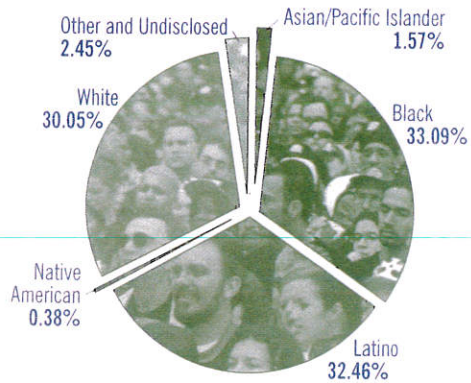
**Launching our virtual agency.** Our web site, which receives more than a million visits a year, is the beginning of GMHC's full presence in the electronic age. The Internet has opened doors for many and offers opportunities for GMHC to reach more people, and increase our international impact and accessibility. We currently offer Hotline counseling via the web; we will expand to provide treatment information, open up prevention and wellness chat rooms targeted to our various constituencies, and encourage the ability of our clients and consumers throughout the world to share their experiences and survival skills.

How will we do this? As GMHC has always done it—with your help. Survival for us, as for so many people with HIV, means relying heavily on the power of personal commitments and the change that comes when people act in the service of what they believe is right. To those who would prematurely declare AIDS over, we ask that you look at the stories in these pages and that you join us in our fight. To those who continue to support GMHC's work, we offer a heartfelt thank-you. Your actions continue to save lives and make history.



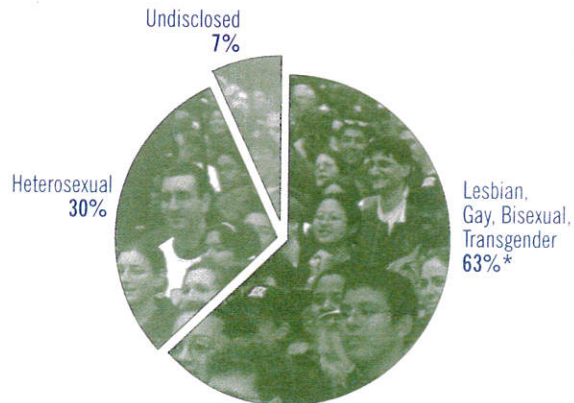
Ana Oliveira

**HIV-Positive Clients  
by Race and Ethnicity**



**HIV-Positive Clients  
by Gender**

**HIV-Positive Clients  
by Sexual Orientation**



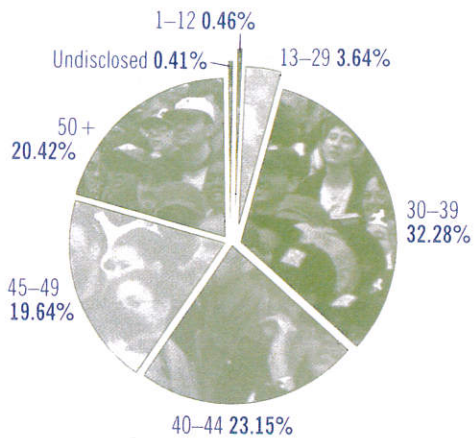
\*People of color make up 53 percent of lesbian, gay, bisexual and transgender HIV-positive clients.

## ORDINARY PEOPLE MAKING AN EXTRAORDINARY DIFFERENCE



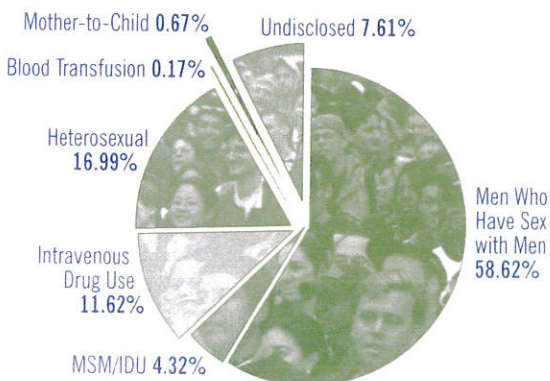
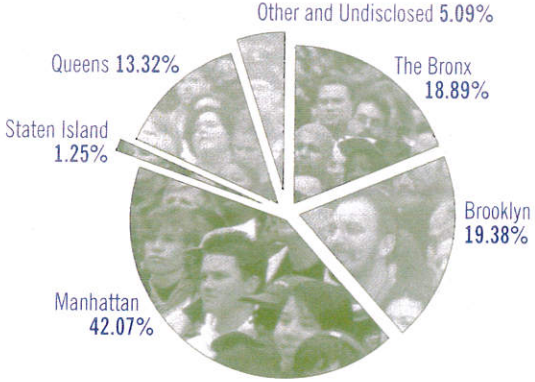
The Terry K. Watanabe Volunteer Center, the heart of GMHC's volunteer effort, has recruited and retained a corps of more than 6,600 individuals who have helped with everything from support group facilitation to special events. Internships, community service programs, and collaborations with faith communities, universities and corporations have helped sustain our volunteer programs and bring them new energy. GMHC's pioneering approach to service delivery and volunteerism is now recognized worldwide—we offered technical assistance this year to groups from Brazil to the Bahamas, Sweden to South Africa. GMHC staff have been appointed to advisory positions for the UN's upcoming International Year of the Volunteer. And the agency was greatly honored when we won the American Voluntary Association's 2000 Award for best organizational use of volunteers in the nation.

Top: Volunteers preparing a mailing  
Bottom: The Watanabe Volunteer Center staff accepting  
the American Voluntary Association's 2000 Award.



**HIV-Positive Clients  
by Age**

**HIV-Positive Clients  
by Borough of Residence**



**HIV-Positive Clients  
by Risk**



# HIV CARE WITH A DIFFERENCE

## *Beyond One Size Fits All*



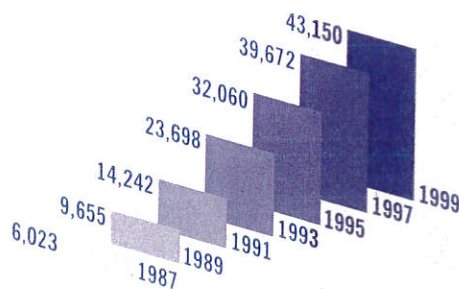
Geffen Center counseling session.

Increasingly, creating and sustaining appropriate services for people with HIV means considering the question “Which people with HIV?” Those struggling through their 10th year of AIDS and seventh treatment regimen are facing very different struggles from those recently diagnosed with HIV.

A mother of three on Medicaid faces different challenges than an executive worried he’ll lose his job if someone finds out he has HIV.

GMHC tailors our HIV programs to the needs of all who use them, offering different kinds of support to the newly diagnosed and to those who have struggled for years with chronic, life-threatening illness.

**Cumulative Observed Living  
Adult/Adolescent AIDS Cases in New York City  
at Year-End 1987–1999**





**I** weigh 200 pounds. When I walked into GMHC, I weighed 121. I had no idea about the disease. AIDS had just taken my eyesight. Somebody had to lead me—I was so sick I couldn't stand straight. From finding an apartment, to acupuncture, to meals, to nutrition, to getting a therapist—I think I got help from every department of this agency. I also connected with another client, Gary, who'd lost his sight— instant bonding. Gary passed away, but the group we started for visually impaired people with HIV—the only one in New York City—is still going.

—Octavio A. Perez, GMHC Board Member and Client

## *A Safety Net for Those Who Have None*



To the most vulnerable people with HIV/AIDS, GMHC has continued to provide a basic safety net: 25 different free weekly support groups, 20 teams of volunteers who helped more than 500 clients in hospitals, homes and community settings, and free nutritional counseling and acupuncture. On more than 4,500 occasions this year, people living with HIV benefited from support offered by GMHC experts to help them get entitlements, secure health care or keep their homes: free legal counsel, financial trainings and workshops, up-to-date fact sheets and good, old-fashioned advocacy in hospitals and government offices. Our dining room, with three daily seatings, served more than 66,000 hot meals to people who might otherwise have none.

Top: Volunteers serving holiday meals.  
Middle: Benefits counseling session.  
Bottom: Distributing HIV/AIDS materials.



Judy Peabody with fellow facilitator John Tatarakis.

**W**hen I first began in 1985, our group members were gay men and all their partners were dying. It was a terrible, tragic time. As the years progressed, the complexion of the group changed—we were joined by mothers, a daughter who was taking care of her father, wives, girlfriends, brothers, best friends. It doesn't matter what color or how old or what sex people are: They're all there for the same reason, which is that someone very close to them has AIDS. The group stays flexible—some people come several times and then disappear until things get rough again, while others find help in the ongoing support and encouragement every other Friday night. I feel very fortunate to have been at GMHC so long, to be working alongside John, my brilliant and compassionate co-leader, and to have witnessed such enormous courage over the years. I must add that I don't just sit there, listening. I hear someone talk and I think, "Oh, that's what I was trying to say: That terrible pain, or that optimism? I've felt that, too."

—Judy Peabody, Volunteer Facilitator, Carepartners' Group

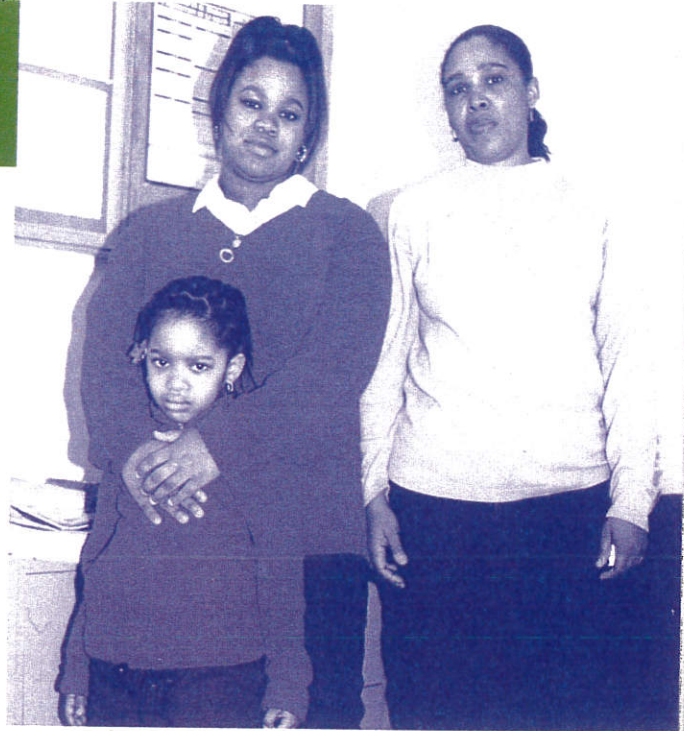
## *Support for Women and Families*



Women and Family Services works on two fronts: to help women with HIV access care as early as possible, and to support parents and children in balancing the demands of HIV and family life. For women grappling with drugs and alcohol, Women in Action/Mujeres en Acción uses a harm reduction approach to stabilize their lives and gain access to care and support services for both HIV and substance use. GMHC's Lesbian AIDS Project, through community organizing efforts, educational materials and a peer program, offers information, support and on-the-job training for peer educators.

GMHC's Child Life Program began a new peer initiative, offering crisis intervention services, nutritional counseling, child sitting and family outings to more than 1,700 family members. Child Life support groups address issues ranging from HIV disclosure, to child custody, to parenting skills. The emergency food pantry distributed 1,200 food bags this past year — making sure that families did not go hungry.

Top: Staff with a Child Life peer educator  
Bottom: Child Life clients at Halloween party



Andrea Williams (right), with her daughter Amber Jade and her friend Teia.

**I** was hiding in the house, not really going anywhere. I had HIV and a baby who was one and a half. I found out that at GMHC, I could go eat my meals, be in a support group, get nutritional counseling and have someone to watch her. That sounds small, but just the idea that you can go somewhere where everybody is the same and you're not hiding anything—that feels good. I started volunteering, spending time in the playroom with Louisa, one of the other volunteers. The best part, what I look forward to every year—the Halloween party. You take a group of kids, usually about 10, and they're all dressed up, and you go from floor to floor trick-or-treating. We all end up on the 12th floor where the meals are, and they have the candy and the spook house, and all kinds of arts and crafts. It's for the kids, but I'm telling you—it's really nice.

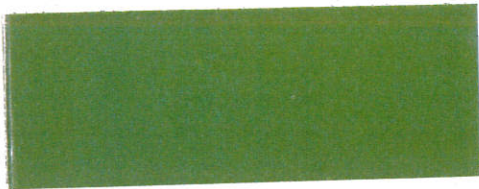
—Andrea Williams, Child Life Client

## *Helping People with HIV Return to Work*



For many with AIDS, a positive response to treatment has replaced the question “How soon will I die?” with “How will I live?” GMHC’s return-to-work initiatives connect clients with a range of programs to help them make sense of their options: internships, workshops on resume preparation, computer training, and even basic literacy and workplace skills. GMHC lawyers offer free counsel on the rights of people living with HIV under the Americans with Disabilities Act, advice on how returning to work might affect government benefits, and help with navigating the complexities of private disability insurance. Area colleges are now working with GMHC to offer more than 300 free scholarships annually to enable people living with HIV to reclaim futures they had given up.

Top: Computer training class  
Bottom: Resume preparation session



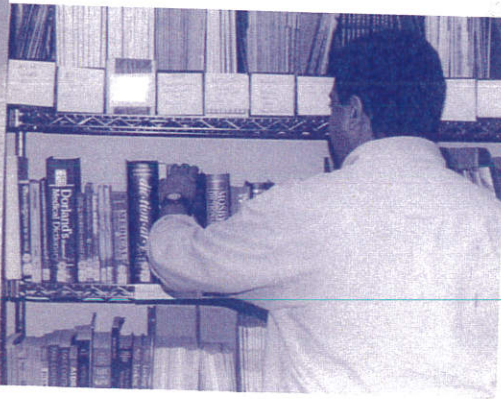
**I** went to the doctor for what I thought was athlete's foot, and came out with a diagnosis of an AIDS-related cancer. Five years and many experimental treatments later, I'm feeling fit again, but I still can't stand on my feet for extended periods of time—which means no more work as a food professional. With GMHC's help, I found a program that paid for me to study computer and graphic design, and from there I got a scholarship for further study. I'm working at an investment company now, off disability, and with full benefits.

—John Wilson, GMHC Client



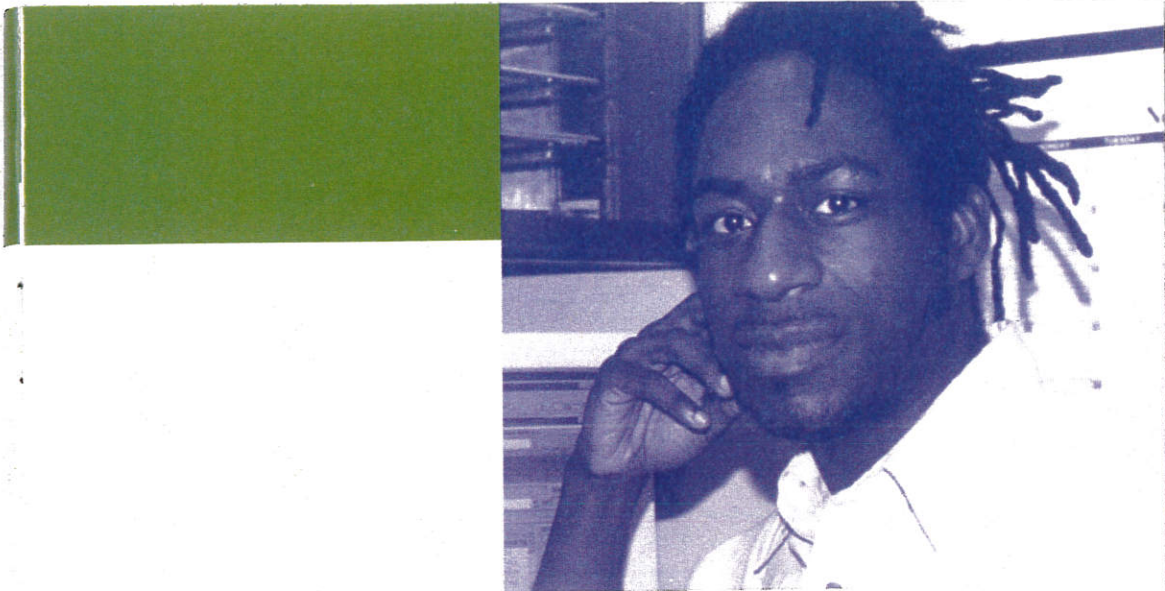
# HEALTH INFORMATION AND SUPPORT FOR THOSE WHO NEED IT MOST

## *Help through Treatment Decisions*



GMHC's new peer health specialists—people living with HIV/AIDS who have confronted the tangle of health care options themselves—are now helping others make sense of life with HIV and the overwhelming complexities of care. GMHC's treatment workshops, forums and daylong conferences grew this year to include sessions not only on AIDS-related infections, but on salvage therapies (when standard treatment regimens fail) and on the side effects that can be as serious as HIV illness itself. GMHC's support groups for the newly diagnosed—and the chronically depressed—were both full to capacity. The Rachel Berger Treatment Library offered computer research trainings and the latest and best treatment information to hundreds of people with HIV, while *Treatment Issues*—GMHC's highly respected journal of new and experimental AIDS therapies—was distributed worldwide to an estimated audience of 1.7 million AIDS physicians, researchers, treatment educators and people living with HIV.

Top: A client using Treatment Library  
Bottom: Assorted GMHC publications

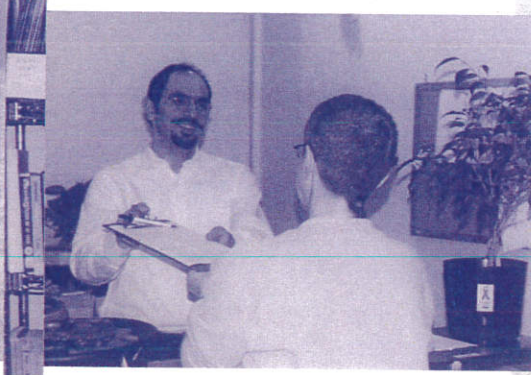


**Y**ou always hear people on Oprah saying “I’ve gotten so much more than I’ve given,” and you think “Yeah, right.” But it does help me to go out and talk about health issues with other people who have the same virus I do. Sometimes it’s scary, like a mirror—you work with someone homebound or in a nursing home, or you see somebody declining over time, and you think “That could be me.” But after going to so many different kinds of health care facilities, getting so much training and working with so many different parts of GMHC, I know I’m better prepared for difficulty than if I let those fears stay unconscious. I also know the people I work with appreciate talking to somebody who’s going through similar things: the endless doctors’ appointments, the discussions about do you tell your boyfriends or girlfriends or husband or wife, the frustrations and fears and decisions about medications. Anyone can sympathize, but someone else with HIV knows better what it feels like to walk in those shoes.

—Marcus White, Peer Health Specialist, GMHC Buddy Program

## STOPPING THE SPREAD OF HIV

### *New Work for Peers and Volunteers: State-of-the-Art, Affordable HIV Testing and Counseling*



At many HIV testing centers, as many as 40 percent of clients never return for their results. GMHC's David Geffen Center for HIV Prevention and Health Education had a return rate of 98 percent this year. At the Geffen Center, the same test counselor offers pretest counseling, is available for support during the waiting period and delivers the results. Unlike other testing centers, GMHC offers two posttest counseling sessions, rather than one. And while most testing centers send HIV-negative people on their way with little comment, we offer a wide range of services to help people who are HIV negative stay negative. To make services even more accessible, GMHC has incorporated the use of trained volunteers as counselors, and has opened the clinic for walk-in, no-appointment-needed testing two days a week.

Testing at the Geffen Center is steadily increasing. The quality of our services is best expressed by a different statistic: Of those who test positive at GMHC, 99 percent are connected to primary care by their second posttest visit.

Top. A client signs up for an appointment.  
Bottom. HIV testing at the Geffen Center



**I** got involved at first as an AIDS Walk volunteer, after learning my brother Robert was HIV positive; it was a way to make myself feel less powerless. Years later, volunteering on the Hotline and, now, at the Testing Center, I've learned how many other ways there are to help. The clients here include every gender and sexual identity known to the world: I might see someone whose name is David but identifies as "Jessica," wives who never thought this virus pertained to them, stockbrokers and new immigrants, people who test regularly or others who are absolutely terrified and are doing it for the first time. Our role isn't to fix people's lives—it's to make sure they feel safe enough to talk, and to connect them with the support they need. It's difficult, when it happens, to tell someone that they're HIV positive. But it's also a moment of honor. Because I know that if I were getting a positive test result, I'd want to get it from people who have had the kind of phenomenal training we've had at GMHC.

—Lindy Linder, HIV Testing Center Volunteer

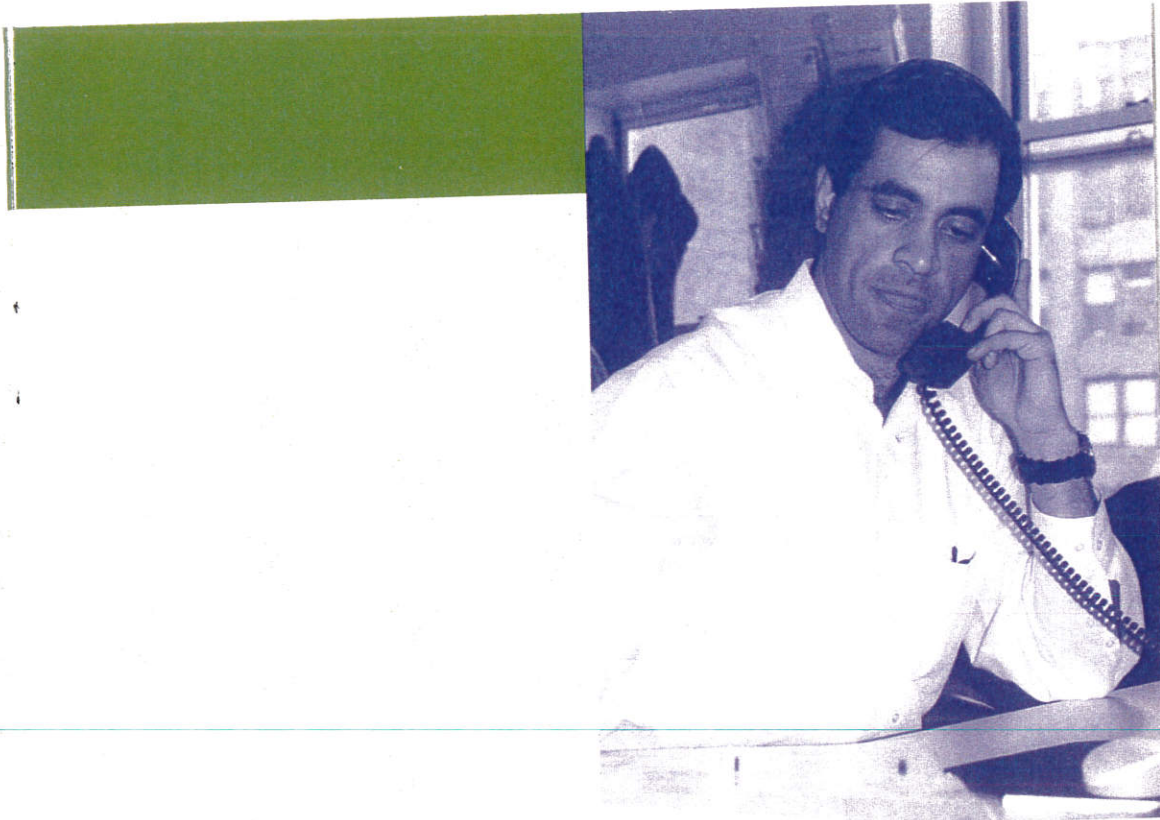
## *Expert Information and Emotional Support Nationwide*



The GMHC Hotline, the world's first, has gone national with a toll-free number. While calls to AIDS hot lines have declined across the U.S., ours increased by nearly 25 percent, to more than 50,000. More than 550 people received free, walk-in counseling services from our A-Team counselors. The GMHC Hotline—including a sophisticated, national database of support services across the country—is the only hot line in New York City that offers counseling and support as well as information and referrals.

The quality of that support received an unexpected, and challenging, vote of confidence when New York City's Department of Health abruptly stopped its own hot line counseling services and referred many of its callers to GMHC.

Top: A Hotline counselor answering a call  
Bottom: A Hotline volunteer referring to a fact sheet



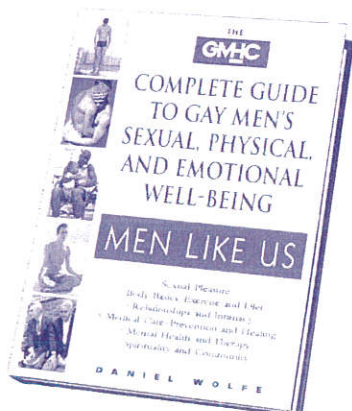
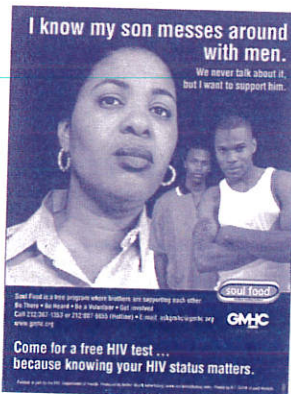
**V**olunteering at the GMHC Hotline gives me a lot of joy. It lifts my spirit to know that I am really able to help people who need to talk to a friendly and sympathetic person. Hotline volunteers are trained to answer questions about HIV and AIDS, refer people to medical facilities, and listen to people who are frightened and need answers to difficult questions. I know that the information I am providing really does make a difference in people's lives. Without our Hotline, where would people call for help?

—Rogerio Borém, Hotline Volunteer

## HIV Prevention: Helping Gay Men Help Themselves



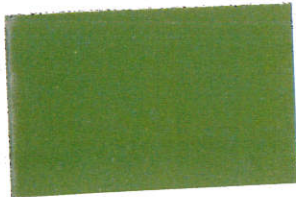
Above: Proyecto P.A.P.I. outreach card.  
Below: Soul Food ad campaign poster.



For gay men, injunctions to “use a condom every time” have become as often seen as the surgeon general’s warning on a cigarette pack, and as often ignored. GMHC’s groundbreaking *b.2K—Beyond 2000* initiative brought new methods of peer education and support to more than 2,000 gay, bisexual or homosexually active men in New York City. Including the Soul Food project for African-American men, Proyecto P.A.P.I. for Latinos, and Peer 2000 for youth and young adults, the *b.2K* initiative commanded front-page headlines and a supportive editorial in *The New York Times*—as well as the attention of researchers nationwide—by conducting the largest sexual health survey among gay men in New York City history. Our gay men’s counseling and education programs offered drop-in safer sex counseling, substance abuse assessments and support, ongoing groups and one-on-one counseling for HIV-positive and -negative gay men. Having surpassed *b.2K*’s volunteer recruitment goals, the HIV prevention department has now launched *The City*—a community-building HIV prevention effort that uses oral history, discussion groups, volunteer workshops, HIV testing and outreach to gay and bisexual men in neighborhoods across New York.

### Redefining Gay Health

In the last 20 years, for most people “gay health” meant HIV. Today, gay men—HIV-positive and -negative alike—are wrestling with a range of health concerns that have been long obscured by AIDS, from aging to cholesterol to prostate cancer. In April, GMHC launched its landmark book, *Men Like Us*, reflecting our continued commitment to the health of gay men.



From left to right: Tobias Tanner, Michael Burke, Amin J. Harris, Jerek Smallwood and Willie Barnes—  
HIV Prevention Bar Outreach Team.

**I** could always dance, but that used to be a way of not talking. Now I dance at the outreach table—it helps people feel like they can come over and take condoms or information—but I also talk. Sometimes the questions get serious—like when a guy who was positive asked what to do about the fact that the condom had broken. People just gobble up the information, though getting them to fill out the sexual health surveys can be harder. Still, we have a crowd each month. And where volunteers used to come and go, our team is out there regularly. People expect us.

—Amin J. Harris, Captain, Bar Outreach Team



## *HIV Prevention: Reaching Women at Risk*



For women at greatest risk, preventing HIV infection begins with speaking honestly about subjects rarely discussed in “polite” society: injection drug use, sex work, the trauma of sexual abuse and domestic violence. GMHC has broken the silence to reach more than 34,000 women with risk reduction information, safer sex kits, and publications in English and Spanish to help women protect themselves from drug- and HIV-related harm. Participating in two different research initiatives—a women’s sexual health survey, and a study of risk and sexual behaviors among lesbian injectors—GMHC is breaking the silence around women and HIV, moving the agency and the research establishment beyond stereotypes and toward effective prevention strategies.

Top: Earpoint acupuncture treatment.  
Middle: Lesbian AIDS Project at Gay Pride March.  
Bottom: Harm reduction publications for women in English and Spanish.



From left to right: Lillian Nieves, Taines Velez, Bernadette Wright, Jeanette Williams, Valerie Holmes and Angela Culpepper.

**F**or me personally, working as a peer health educator with Women and Family Services is one of the best opportunities I've had because I get to do outreach to women in need. The outreach—HIV/AIDS awareness and prevention—helps empower women to know that they have choices in regards to their sexual health. That's the best benefit ever in doing the work that I do.

—Valerie Holmes, Peer Health Educator

I do this work because a lot of women don't have information. When you have information, you're able to protect yourself such as practicing safer sex, using dental dams and condoms. I'm also able to further educate women about HIV and other STDs.

—Bernadette Wright, Peer Health Educator

As a Latina, I feel I need to empower my sisters and educate more women around safer sex, so they can learn to negotiate with their partners about using protection, which can be difficult in black and Latino cultures.

—Lillian Nieves, Peer Health Educator

## AND JUSTICE FOR ALL

### *Representation in Court and in the Corridors of Power*



Cutting-edge casework, forceful lobbying by GMHC's Immigrants with HIV Advisory Group and six legal clinics serving 1,900 immigrants citywide are only some of the ways GMHC works to challenge blatant discrimination against immigrants in New York City. Immigrants with HIV are generally barred from permanent legal residence in the U.S., in spite of the fact that many have paid taxes—and became infected—while in the U.S. GMHC lawyers also have gone to court to correct other injustices, fighting to uphold the rights of a gay couple to be guardians for children whose biological parents died from AIDS, and challenging police failure to allow detainees access to potentially lifesaving medications. In other legal and financial matters, GMHC also gave free counsel and advice on more than 4,500 different matters—from evictions, to wills, to debt management, to child custody and guardianship. Our new Managed Care Consumer Assistance program offers trainings and one-on-one consultations in English and Spanish to help people living with HIV confront mistreatment by private insurers, and cope with the increasingly complex eligibility restrictions imposed on the chronically ill.

Top: NYCANI volunteers review election district maps.  
Bottom: Lobbying in Washington, D.C.



**I** have never declared myself to be an angel—I'd been an addict, had been through incarceration and successfully finished a boot camp-style program for rehabilitation. But I'd been clean for eight years, had gotten my four kids back and had gone back to college—I was actually in the middle of finals—when I got the letter from the Immigration and Naturalization Service informing me that all necessary arrangements had been made for my deportation. I remember they said I was to report in two weeks with a bag weighing no more than 44 pounds. They didn't say anything about my four children, or about the fact that they were sending me to a country I hadn't seen for 21 years, or what I or my boy, who is positive, would do for HIV care there. When I got to GMHC, I was hysterical, pleading. It took three lawyers and as many years, but we won the case.

—Noemi Nagy, Legal Services Client

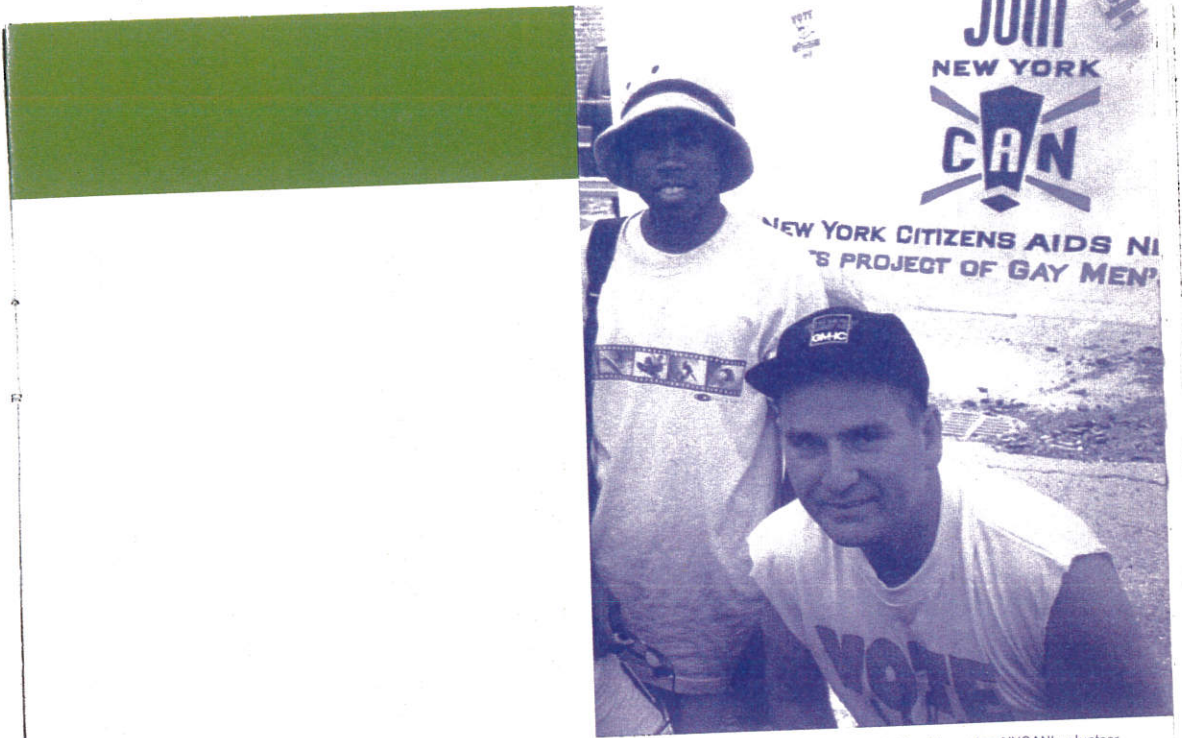
## *Confronting the Politics of Health Care Access*



Access to care is a political as well as practical question in the United States, and people with HIV are too often seen as a nonvoting, disposable minority. Overcoming more than 10 years of opposition, GMHC's public policy arm—expert both in coalition politics and media relations—took the lead in 2000 in passing a New York State law legalizing pharmacy sales and possession of syringes. Hailed as one of the most important HIV prevention victories in New York history, this landmark legal reform has the potential to prevent thousands of HIV infections each year. GMHC also played a major role in the coalition fighting for the formation of Family Health Plus, a new program that will provide health insurance to some of the more than 3 million poor New Yorkers—including thousands of people with AIDS—who cannot currently afford coverage. On state, city and federal levels, our advocacy work and coalition building have helped reverse cuts and free millions of dollars for a wide range of crucial AIDS care and prevention programs, including \$7.9 million in new funds in New York State, a \$500,000 increase in prevention funding for New York City and the reauthorization of the federal government's \$1.6 billion Ryan White Care Act.

T:  
B:

Top: New York City Council honoring GMHC.  
Bottom: Forum on elections and access to health care.



Tom Arneel (right) with another NYCAN! volunteer.

**W**hen I needed to understand how to access the health care I needed, GMHC was there for me. I've since learned how to negotiate a complicated system. Now I am working to improve health care access for myself and others. I work with coalitions throughout the city, attend grassroots health care conferences, and educate legislators in New York City and Albany. NYCAN! is making a difference for people with HIV and AIDS, and I'm proud to be part of that effort.

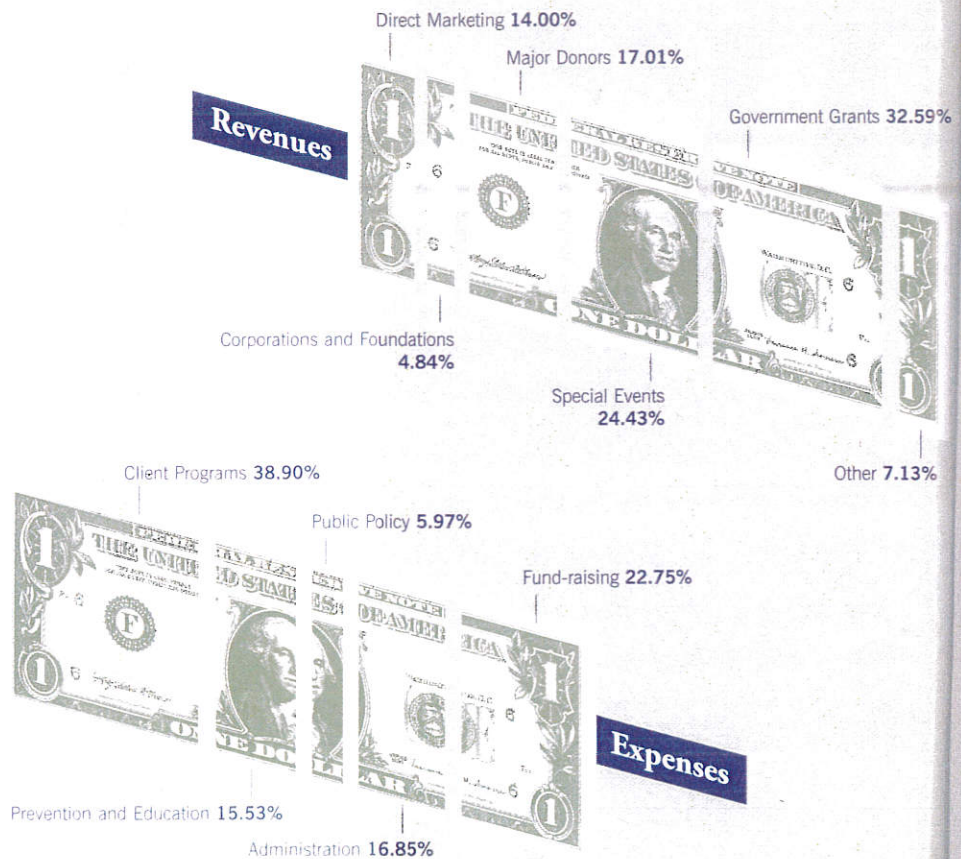
—Tom Arneel, NYCAN! Volunteer

## Developing Donor Support

Our fight to end AIDS would be impossible without the contributions of the many donors who do not stand back or sit passively. More than 400,000 different donors contributed to GMHC's work this year, sending in gifts ranging from a few dollars gathered in a grade-school classroom to major, multiyear commitments.

Reconnecting donors, corporations and foundations with the work of the agency was a focus of this year's development work. We reached out to many with whom we had lost touch, inviting people in for tours and cultivation events, reestablishing connections with major supporters and returning to Fire Island—the site of some of GMHC's earliest fund-raising efforts—for a Memorial Day celebration. More than 35,000 people turned out on a rainy day for AIDS Walk New York, raising \$4.2 million. More support came from gala concerts with Patti LuPone at Carnegie Hall and Audra McDonald at Town Hall, as well as from smaller events such our newly inaugurated Valentine's Day celebration.

A special debt is owed to the 32 members of GMHC's President's Council, who give a minimum of \$25,000 annually. Chaired by Joan Tisch, who began as a volunteer in GMHC's earliest days, the council contributed more than 15 percent of our private funding.





**I** am very happy to have performed on behalf of GMHC, an organization that is doing so much for people with AIDS. This is a cause close to my heart and an organization I'm proud to support. I do look forward to the time when the work GMHC does will no longer be necessary. Until then, it's important that we all do what we can to fight this epidemic.

—Audra McDonald, Tony Award–Winning Actress/Singer



## Letter from the Treasurer

In its fiscal year ending June 30, 2000 (FY00), Gay Men's Health Crisis (GMHC) made substantial progress toward stabilizing and improving its fiscal situation. These steps were necessary to counter significant financial strains that the agency experienced in recent years, largely as a result of profoundly declining private support, which began in 1997 and has adversely impacted countless other HIV/AIDS organizations nationwide.

GMHC's improved financial performance is the result of continuous actions to restructure the agency's financial and program operations. The agency was successful in achieving three objectives: controlling expenses, maintaining essential client services and reenergizing our reserve fund to help insulate GMHC from unexpected revenue shortfalls.

Total FY00 revenues were \$21.206 million, consisting of \$11.396 million from contributions and special events, \$6.180 million from government grants and \$3.630 million from other sources, including service fees, tenants who rent space in the Tisch building and sales of GMHC publications.

Over the last three years, GMHC has reduced its budget and staff by more than one-third, primarily in support services, while at the same time endeavoring to preserve its core programs and services. In FY00, total expenditures were \$20.982 million, with \$13.518 million, or 64 percent, in program services, and the balance in support services and fund-raising. Management and general expenses declined by 25.2 percent, and fund-raising expenses by 10.6 percent, from the previous year. Our cost of raising one dollar was 25 cents.

To further develop a financial structure that will enable GMHC to lead the fight against HIV/AIDS for years to come, the agency also established a reserve fund to address cash flow issues that inevitably arise for an agency so reliant on private funding sources. While this restructuring and ongoing fiscal prudence have produced significant savings for the agency, there have been significant short-term costs associated with implementing them, and, as a result, our overhead temporarily rose.

That GMHC has reduced its budget while maintaining our services and continuing to serve more than 11,000 clients annually is a testament to the strength of our leadership; the generosity of our supporters; and the commitment of our volunteers, who contributed services valued at \$1.227 million during the fiscal year.

Our 30-member board remains committed to running the agency in a fiscally responsible manner and to affirming the vision that led to the creation of GMHC 20 years ago.

Respectfully submitted,



James F. Capalino



345 Park Avenue  
New York, NY 10154

### Independent Auditors' Report

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

We have audited the accompanying consolidated balance sheet of Gay Men's Health Crisis, Inc. (the Organization) as of June 30, 2000, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The prior year summarized comparative information has been derived from the Organization's 1999 financial statements and, in our report dated October 22, 1999, except for note 7 to those financial statements, which was as of February 29, 2000, we expressed an unqualified opinion on those consolidated financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those 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 consolidated 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, 2000, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

KPMG LLP

October 6, 2000, except for note 5,  
which is as of December 14, 2000



KPMG LLP, a U.S. member firm of the  
KPMG network of independent member firms affiliated with

## Consolidated Balance Sheet

June 30, 2000  
(with comparative financial information as of June 30, 1999)

<b>Assets</b>	<b>2000</b>	<b>1999</b>
Cash and cash equivalents (note 5)	\$ 1,814,441	234,346
Investments	49,564	57,576
Government grants receivable (note 3)	5,455,043	6,658,489
Contributions receivable—general, net (note 3)	1,130,693	1,731,292
Contributions receivable—building fund, net (note 3)	1,030,698	1,681,707
Other receivables, net	417,969	314,387
Prepaid expenses, deposits, and other assets	1,020,355	976,923
Leasehold improvements and equipment, net (note 4)	11,492,196	12,692,127
Total assets	<u>\$ 22,410,959</u>	<u>24,346,847</u>
<b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable and accrued liabilities	\$ 2,044,703	1,480,763
Current portion of loans payable (note 5)	1,334,888	2,107,997
Accrued compensated absences	212,593	520,216
Loans payable (note 5)	1,425,000	3,050,000
Other liabilities	268,045	210,969
Total liabilities	<u>5,285,229</u>	<u>7,369,945</u>
Commitments and contingencies (notes 7 and 8)		
Net assets (deficit):		
Unrestricted:		
Undesignated, available for general activity	(478,561)	(1,902,827)
Investment in leasehold improvements and equipment	11,492,196	12,692,127
	<u>11,013,635</u>	<u>10,789,300</u>
Temporarily restricted:		
For operating activities	520,817	789,022
Government grant program services restrictions	5,557,278	5,364,580
Term endowment	34,000	34,000
	<u>6,112,095</u>	<u>6,187,602</u>
Total net assets	<u>17,125,730</u>	<u>16,976,902</u>
Total liabilities and net assets	<u>\$ 22,410,959</u>	<u>24,346,847</u>

See accompanying notes to consolidated financial statements.

## Consolidated Statement of Activities

Year ended June 30, 2000

(with summarized financial information for the year ended June 30, 1999)

	Unrestricted net assets	Temporarily restricted net assets	2000 Total	1999 Total
Support and revenue:				
Support:				
Contributions	\$ 6,595,859	709,196	7,305,055	7,599,613
Building fund contributions	—	—	—	221,440
Contributed services and in-kind support	1,227,390	—	1,227,390	1,405,065
Special events, net (note 6)	4,801,892	—	4,801,892	6,518,145
Government grants	—	6,373,418	6,373,418	6,709,882
Total support	<u>12,625,141</u>	<u>7,082,614</u>	<u>19,707,755</u>	<u>22,454,145</u>
Revenue:				
Investment income, net	13,147	—	13,147	41,165
Rental income (note 7)	314,723	—	314,723	290,255
Third-party reimbursements	616,638	—	616,638	885,076
Publication sales, HIV testing, and training fees	44,131	—	44,131	187,050
Miscellaneous	434,468	—	434,468	375,125
Total revenue	<u>1,423,107</u>	<u>—</u>	<u>1,423,107</u>	<u>1,778,671</u>
Net assets released from restrictions:				
Satisfaction of program restrictions:				
Government grants	6,180,720	(6,180,720)	—	—
General	584,196	(584,196)	—	—
Satisfaction of time restrictions	393,205	(393,205)	—	—
Total net assets released from restrictions	<u>7,158,121</u>	<u>(7,158,121)</u>	<u>—</u>	<u>—</u>
Total support and revenue	<u>21,206,369</u>	<u>(75,507)</u>	<u>21,130,862</u>	<u>24,232,816</u>
Expenses:				
Program services:				
Client programs	8,709,422	—	8,709,422	9,432,645
Education and training	2,977,087	—	2,977,087	4,487,061
HIV testing and related services	430,210	—	430,210	451,323
Public policy development, information, and advocacy	1,402,139	—	1,402,139	2,249,576
Total program services	<u>13,518,858</u>	<u>—</u>	<u>13,518,858</u>	<u>16,620,605</u>
Supporting services:				
Management and general:				
Program	2,126,816	—	2,126,816	2,711,781
Real estate	447,454	—	447,454	731,135
Total management and general	<u>2,574,270</u>	<u>—</u>	<u>2,574,270</u>	<u>3,442,916</u>
Fund-raising	4,888,906	—	4,888,906	5,471,259
Total supporting services	<u>7,463,176</u>	<u>—</u>	<u>7,463,176</u>	<u>8,914,175</u>
Total expenses	<u>20,982,034</u>	<u>—</u>	<u>20,982,034</u>	<u>25,534,780</u>
Change in net assets	224,335	(75,507)	148,828	(1,301,964)
Net assets at beginning of year	<u>10,789,300</u>	<u>6,187,602</u>	<u>16,976,902</u>	<u>18,278,856</u>
Net assets at end of year	<u>\$ 11,013,635</u>	<u>6,112,095</u>	<u>17,125,730</u>	<u>16,976,902</u>

See accompanying notes to consolidated financial statements.

## Consolidated Statement of Functional Expenses

Year ended June 30, 2000  
(with summarized financial information for the year ended June 30, 1999)

	Program services				Supporting services			2000 Total	1999 Total
	Client programs	Education and training	HIV testing and related services	Public policy development, information and advocacy	Management and general Program	Real estate	Fund- raising		
Staff compensation	\$ 4,049,425	1,165,939	148,117	728,766	827,942	—	967,866	7,888,055	9,586,922
Employee benefits and payroll taxes	805,911	303,052	66,946	67,567	122,501	—	217,452	1,583,429	1,924,550
Contributed services	766,644	434,484	845	10,491	8,001	—	6,925	1,227,390	1,380,464
Total personnel and volunteer services	5,621,980	1,903,475	215,908	806,824	958,444	—	1,192,243	10,699,874	12,891,936
Professional fees and contract service payments	549,619	164,109	9,565	136,948	248,292	—	1,192,243	10,699,874	12,891,936
Postage and shipping	71,179	67,555	2,931	15,908	22,624	60,718	2,174,774	3,344,025	4,076,297
Telephone	74,211	33,568	3,936	4,594	17,490	—	322,550	502,747	571,400
Occupancy (note 7)	499,335	134,297	129,212	71,608	187,763	339,000	29,026	162,825	289,379
Supplies	56,299	29,023	3,842	4,637	7,327	—	75,188	1,436,403	1,737,164
Printing	11,890	11,484	3,824	21,266	2,514	—	10,951	112,079	271,772
Equipment rental and maintenance	107,740	42,605	5,430	14,921	29,813	—	403,344	454,322	795,923
Memberships and subscriptions	14,491	1,255	—	21,748	11,218	—	31,112	231,621	439,670
Staff and volunteer training and support	22,936	11,401	2,469	1,431	6,651	—	8,002	56,714	50,938
Meetings	908	1,903	—	632	4,820	—	3,836	48,724	97,821
Travel and related costs	26,186	15,145	48	17,584	800	—	187	8,450	15,919
Marketing and promotion	3,886	3,806	248	15,972	164	—	31,105	90,868	166,228
Staff and volunteer recruitment	3,837	—	—	2,032	88,911	—	68,703	92,579	343,249
Food and related costs	251,834	2,358	—	—	—	—	9,374	104,154	149,353
Grants to other AIDS service organizations	31,397	1,532	—	41,356	1,524	—	—	254,192	350,811
Direct financial aid	87,301	—	—	—	—	—	770	76,579	285,347
Insurance	66,273	32,049	6,118	8,885	17,645	16,354	—	87,301	36,438
Real estate taxes	36,316	16,645	2,325	6,475	12,795	31,382	13,224	160,548	145,144
Interest	223,555	144,007	14,798	54,003	90,005	—	10,300	116,228	164,625
Bad debt expense	109,481	—	—	—	68,536	—	73,662	600,030	695,741
Miscellaneous	290,945	241,617	—	4,974	36,386	—	98,628	276,645	—
Total other than personnel and volunteer services	2,539,419	954,359	184,746	444,974	855,268	447,454	2,170,046	790,968	617,360
Total expenses before depreciation and amortization	8,161,399	2,857,834	400,654	1,251,798	1,813,712	447,454	3,581,782	9,008,002	11,300,569
Depreciation and amortization	548,023	119,253	29,556	150,341	313,104	—	4,774,025	19,706,876	24,192,505
Total expenses	\$ 8,709,422	2,977,087	430,210	1,402,139	2,126,816	447,454	4,888,906	20,982,034	25,534,790

See accompanying notes to consolidated financial statements.

## Consolidated Statement of Cash Flows

Year ended June 30, 2000  
(with comparative financial information for the year ended June 30, 1999)

	<u>2000</u>	<u>1999</u>
Cash flows from operating activities:		
Change in net assets	\$ 148,828	(1,301,964)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	1,275,158	1,342,275
Bad debt expense	276,645	—
Donated stock	(330,979)	(380,072)
Net realized gains on investments	(961)	(4,058)
Contributions restricted to building fund	—	(221,440)
Decrease (increase) in government grants receivable	1,203,446	(760,830)
Decrease in contributions receivable—general	433,435	634,539
(Increase) decrease in other receivables	(213,063)	144,804
(Increase) decrease in prepaid expenses, deposits, and other assets	(43,432)	48,540
Increase (decrease) in accounts payable and accrued liabilities	563,940	(239,857)
Decrease in accrued compensated absences	(307,623)	(52,369)
Increase (decrease) in other liabilities	57,076	(217,541)
Total adjustments	<u>2,913,642</u>	<u>293,991</u>
Net cash provided by (used in) operating activities	<u>3,062,470</u>	<u>(1,007,973)</u>
Cash flows from investing activities:		
Net decrease (increase) in term endowment investment	7,292	(766)
Proceeds from sale of investments	332,660	391,443
Capital expenditures	(75,227)	(125,656)
Net cash provided by investing activities	<u>264,725</u>	<u>265,021</u>
Cash flows from financing activities:		
Contributions restricted to building fund	—	221,440
Decrease in accounts payable—building fund	—	(689,994)
Decrease in contributions receivable—building fund	651,009	902,147
Borrowings under line-of-credit agreement and term note	2,375,000	2,050,000
Repayments under line-of-credit agreement and term note	(4,773,109)	(2,904,800)
Net cash used in financing activities	<u>(1,747,100)</u>	<u>(421,207)</u>
Net increase (decrease) in cash and cash equivalents	1,580,095	(1,164,159)
Cash and cash equivalents at beginning of year	<u>234,346</u>	<u>1,398,505</u>
Cash and cash equivalents at end of year	<u>\$ 1,814,441</u>	<u>234,346</u>
Supplementary disclosures:		
Cash paid during the year for interest	<u>\$ 498,402</u>	<u>638,646</u>

See accompanying notes to consolidated financial statements

## Consolidated Financial Statements

June 30, 2000

(With Independent Auditors' Report Thereon)

### 1 Mission and Organizational Structure

#### Organizational Structure

The accompanying consolidated financial statements of Gay Men's Health Crisis, Inc. (the Organization) include the financial statements of three related not-for-profit organizations:

- Gay Men's Health Crisis, Inc. (GMHC) — AIDS Service, Education, and Advocacy
- Gay Men's Health Crisis Action, Inc. (GMHC Action) — Lobbying and Public Policy Influence
- GMHC Health Services, Inc. (GMHC Health Services) — HIV Testing and Medical Service

GMHC and GMHC Health Services are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and have been designated as organizations which are not private foundations. Additionally, GMHC has 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).

GMHC Action is a Delaware corporation exempt from Federal income taxes under Section 501(c)(4) of the Code.

#### Gay Men's Health Crisis, Inc.

GMHC is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. Founded by volunteers in 1981 when the first cases of AIDS were reported in New York, GMHC was incorporated under New York State law on June 25, 1982. GMHC seeks to reduce the spread of HIV disease, help people with HIV maintain and improve their health and independence, and keep the prevention, treatment, and cure of HIV an urgent national and local priority. Over 7,500 men, women, and children are served by GMHC's direct support programs for people with AIDS; preventive education, public policy, and technical assistance reach hundreds of thousands of others. Through the efforts of 4,400 trained volunteers and a staff of 167 professionals, GMHC provides a broad array of programs.

#### Gay Men's Health Crisis Action, Inc.

GMHC Action was incorporated under Delaware law on February 3, 1993. GMHC Action's mission is to influence public policy on HIV- and AIDS-related issues through a range of public education, advocacy, and electoral activities. GMHC Action will monitor activities at all levels of government (Federal, state, and local) to assess the efforts of elected officials to respond to the HIV/AIDS epidemic and to encourage them to strengthen those efforts. GMHC Action, through its New York volunteer force of over 1,400, uses direct contact with legislators and communications to members of the general public who are concerned about the governmental response to AIDS.

#### GMHC Health Services, Inc.

On February 21, 1997, GMHC Health Services was incorporated as a not-for-profit corporation in New York State. GMHC Health Services was formed for the purpose of enhancing GMHC's capacity to render a range of services in connection with HIV testing.

#### Client Programs

GMHC recognizes that medical care is only one of the needs of people with AIDS. Having the money for food and rent, knowing the full range of medical options, receiving care and support, and

accessing professional services to cope with the emotional impact of AIDS—all contribute to a client's well-being. Intake clinicians assess new clients and help them develop an appropriate care plan. While volunteer buddies do chores and provide emotional support to clients, clients and their carepartners can also receive counseling and support through a variety of groups. Through the Child Life Program, GMHC offers child care, recreational activities, nutritional counseling, and other support to families affected by AIDS. The Therapeutic Recreation Program offers social activities, educational opportunities, and outings. The Nutrition Program provides approximately 65,000 hot meals each year and nutritional counseling. The Client Advocacy Department works to ensure that people with HIV and AIDS receive appropriate services from health and social service providers, and helps clients access financial benefits and entitlements in a timely manner. The Legal Services Department, the nation's largest provider of free, AIDS-related legal services, assists with estate planning, powers of attorney, child guardianship, and matters related to insurance, immigration, housing, and personal finances.

Included as part of Client Programs, GMHC provides thousands of hours of technical assistance to community-based AIDS organizations and other service providers worldwide, offering a wide array of support—program development, fundraising assistance, service evaluation, and educational outreach.

#### Education and Training

GMHC, the world's largest nongovernmental distributor of AIDS educational materials, answers more than 38,000 phone calls each year through its AIDS Hotline. Education and prevention efforts reach out to communities at greatest risk with educational messages appropriate for diverse populations. The HIV Prevention Department conducts public education workshops and seminars, and produces informative publications and videos. The Treatment Education and Advocacy Department produces fact sheets and a monthly treatment newsletter, holds community-based treatment forums, runs a treatment library, and advocates for better AIDS research and drug development. The Substance Use Counseling and Education Program is the world's first to use a harm reduction approach to manage drug and alcohol use for people at risk for or living with HIV and AIDS. GMHC also is one of the first AIDS organizations to develop preventive campaigns aimed solely at HIV-negative people.

#### HIV Testing and Related Services

GMHC Health Services enhances the value of HIV counseling and testing as a primary prevention tool by incorporating testing into a continuum of supporting services designed to assist HIV-negative individuals in remaining uninfected; assisting HIV-positive individuals in avoiding behaviors which could transmit the virus; providing a comprehensive range of services to HIV-positive individuals to learn about access to treatment options and appropriate health care; and encouraging individuals at risk to be tested and to learn their HIV status by offering accessible, high-quality counseling and testing programs.

#### Public Policy Development, Information, and Advocacy

Eighteen years of providing direct services and education have given GMHC a unique familiarity with the needs of people with AIDS, and the ability to fight effectively for public policies that support fairness, HIV prevention efforts, biomedical research, and the delivery of AIDS services, including medical care. GMHC's Public Policy and Communications Departments build diverse coalitions of organizations and individuals; publicize the service and education needs created by AIDS; and work closely with policymakers in New York City, Albany, and Washington,

D.C. to help mold an effective governmental response to the epidemic. To ensure that the public is educated about important AIDS-related issues, GMHC holds press conferences, arranges interviews, and creates advocacy campaigns. By working together with the public and policymakers, GMHC seeks to construct new and better solutions to an ongoing crisis.

Among the specific activities GMHC Action undertakes are the following: conducting candidates' forums and visits to legislators; soliciting the positions of political candidates and elected officials on AIDS-related issues; communicating with supporters and the general public about the positions of political candidates and elected officials; and conducting voter registration drives.

## 2 Summary of Significant Accounting Policies

### *Basis of Accounting*

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting.

### *Basis of Presentation*

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets—Net assets subject to donor-imposed stipulations that will be met either by actions of the Organization and/or the passage of time.

Permanently restricted net assets—Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. The Organization does not have any permanently restricted net assets at June 30, 2000 or 1999.

Revenues are reported as increases in unrestricted net assets unless their use is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions.

### *Cash Equivalents*

For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid investments purchased with original maturities of three months or less to be cash equivalents.

### *Investments*

Investments are presented at fair value based upon quoted market prices.

### *Contributions Receivable*

Contributions, which include unconditional promises to give (pledges), are recognized as revenues in the period awarded at their net present value discounted at a risk-free rate.

### *Third-Party Reimbursements*

Third-party reimbursements for clinical services, including estimated retroactive adjustments under reimbursement agreements with third-party payors, are reported at their estimated net realizable amounts. Differences between estimated and final settlement amounts are reflected in the consolidated financial statements when they are determined.

### *Leasehold Improvements and Equipment*

Leasehold improvements and equipment are recorded at cost or, in the case of gifts, at appraised value at date of the gift. Equipment under capital leases is recorded at the present value of minimum lease payments at the inception of the lease.

Depreciation is provided over the estimated useful lives of the respective assets on the straight-line basis. Depreciation is recorded on the half-year convention in both the year of asset acquisition and disposition. Equipment held under capital leases and leasehold improvements are amortized on the straight-line method over the estimated useful lives of the assets or the life of the respective leases, whichever is shorter.

### *Contributed Services and In-Kind Support*

Numerous volunteers have contributed many hours to the Organization to provide services to persons with AIDS, conduct fund-raising, and provide administrative support to the Organization. The Organization has consistently recorded, at fair value, as support and expenses, certain program-related contributed services that meet the criteria set forth in Statement of Financial Accounting Standards No. 116, "Accounting for Contributions Received and Contributions Made."

Expenses related to donated goods are recorded in the accompanying consolidated statement of functional expenses in the expense caption which reflects the nature of the gift.

### *Government Grants*

Government grants are considered restricted contributions and, accordingly, are recorded as support of the temporarily restricted net asset class when awarded and as released from restrictions when expenses are incurred.

### *Allocation of Functional Expenses*

Expenses are recorded in functional categories by program and supporting services when incurred. In certain cases, allocation of expenses between categories must be made. When allocations are made, the basis for such allocations is as follows:

Salaries—Allocated based upon staff percentage of effort.

Payroll taxes and employee benefits—Allocated in proportion to salaries.

Occupancy and related expenses—Based upon space occupied.

Other allocable direct overhead—Based upon staff levels in each functional area.

Additionally, indirect supporting service expenses which are not directly identifiable by program are allocated by staff levels or management's estimate of percentage of effort.

### *Inter-Organization Transactions*

All inter-organization transactions have been eliminated in consolidation.

### *Accounting Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and judgments that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the consolidated financial statements and revenues and expenses recognized during the reporting period. Actual results could differ from those estimates.

### *Comparative Financial Information*

The consolidated financial statements include certain 1999 comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the consolidated statement of functional expenses, 1999 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read in conjunction with the Organization's 1999 consolidated financial statements from which the summarized information was derived.

### *Reclassifications*

Certain 1999 amounts have been reclassified to conform to the 2000 presentation.

### 3 Contributions and Government Grants Receivable

Contributions and government grants receivable are expected to be collected as follows:

	June 30	
	2000	1999
Less than one year	\$ 7,193,954	8,795,736
One to five years	675,000	1,712,510
Total	7,868,954	10,508,246
Less unamortized discount	(199,814)	(412,085)
Less allowance for uncollectible contributions receivable	(52,706)	(24,673)
Total contributions receivable, net	\$ 7,616,434	10,071,488

### 4 Leasehold Improvements and Equipment

Leasehold improvements and equipment consist of the following as of June 30, 2000 and 1999:

	June 30	
	2000	1999
Leasehold improvements	\$14,251,531	14,244,678
Furniture and equipment	2,887,773	2,819,399
	17,139,304	17,064,077
Less accumulated depreciation and amortization	5,647,108	4,371,950
Leasehold improvements and equipment, net	\$11,492,196	12,692,127

### 5 Loans Payable

Loans payable consist of the following at June 30, 2000 and 1999:

	2000	1999
Loan from board member's estate (a)	\$ 1,000,000	1,000,000
Term loan and note (b)	634,888	1,357,997
Line of credit outstanding (c)	1,125,000	2,800,000
	2,759,888	5,157,997
Less current portion	(1,334,888)	(2,107,997)
Noncurrent portion	\$ 1,425,000	3,050,000

- (a) In July 1997, the Organization entered into a loan agreement for \$1,000,000 with a board member to bridge working capital and building fund cash requirements. In August 1998, the amount became due to the board member's estate. This loan bears interest at the prime rate.
- (b) In October 1997, the Organization entered into a relationship with financial institutions to provide a \$3,350,000 term loan and note to finance the remaining capital expenditures related to leasehold improvements. The term loan expires on December 31, 2001 and requires that the maximum loan outstanding at December 31, 1999 and 2000 be \$700,000 and \$300,000, respectively. The term loan is secured by contributions receivable of the building fund. The term loan is to be repaid as the building fund receivables are collected by the Organization. Under the term loan agreement, the Organization is required to maintain certain

net asset balances, debt to worth ratio, minimum debt service coverage ratio, and adjusted net income amounts. At June 30, 2000, the Organization did not meet certain of these financial covenants. On December 14, 2000, the financial institutions' credit committees authorized that the covenants be modified or waived.

- (c) The Organization has a \$4,000,000 line of credit with the same financial institutions to support seasonal working capital needs. On December 14, 2000, the financial institutions extended the expiration date of the line of credit to January 1, 2002.

In addition, the amended loan agreement requires that on July 1, 2001 the line of credit be reduced to \$3,500,000 or additional cash collateral of \$500,000 be deposited into the existing cash collateral account to secure the obligations. At June 30, 2000, \$511,081 was in the existing separate blocked account.

### 6 Special Events

Special events are reported net of costs of direct benefits to donors of \$96,038 and \$114,055 for the years ended June 30, 2000 and 1999, respectively.

### 7 Operating Lease Commitment

The Organization is obligated under an operating lease for an office facility expiring on December 15, 2010. Future minimum annual rental payments under the lease are as follows:

Year ending June 30	Amount
2001	\$ 1,265,000
2002	1,408,000
2003	1,464,000
2004	1,522,000
2005	1,583,000
Thereafter	11,779,000

Rent expense for the years ended June 30, 2000 and 1999 was approximately \$1,132,000 and \$1,093,000, respectively.

The Organization has sublet a portion of its facility to an unrelated corporation whose lease expires on May 1, 2010. The required minimum annual rental income payments are as follows:

Year ending June 30	Amount
2001	\$ 219,000
2002	237,000
2003	244,000
2004	252,000
2005	260,000
Thereafter	1,698,000

### 8 Litigation

The Organization is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of the Organization, the ultimate disposition of these matters will not have a material adverse effect on the Organization's consolidated financial condition.



## Supporters of Gay Men's Health Crisis

GMHC salutes the remarkable donors whose contributions we received during the fiscal year 2000. Every gift matters enormously. Though it would be impossible to list the hundreds of thousands of individuals, corporations and foundations who give to us, we extend our deepest appreciation to all of them, as well as to the generous major donors listed below.

Names in **bold** are members of GMHC's President's Council.

Names with an asterisk indicate GMHC's Friends for Life annual fund supporters.

Names in *italics* are Best Friends, individual donors who have increased their gifts by 25 percent or more over those of the last fiscal year.

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Estate of Helen Muller  
**Yoko Ono**  
**Eric and Fiona Rudin**  
Estate of Aaron F. Snyder  
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Estate of Stuart M. Berger  
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*Design and layout by Adam Zachary Fredericks*

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