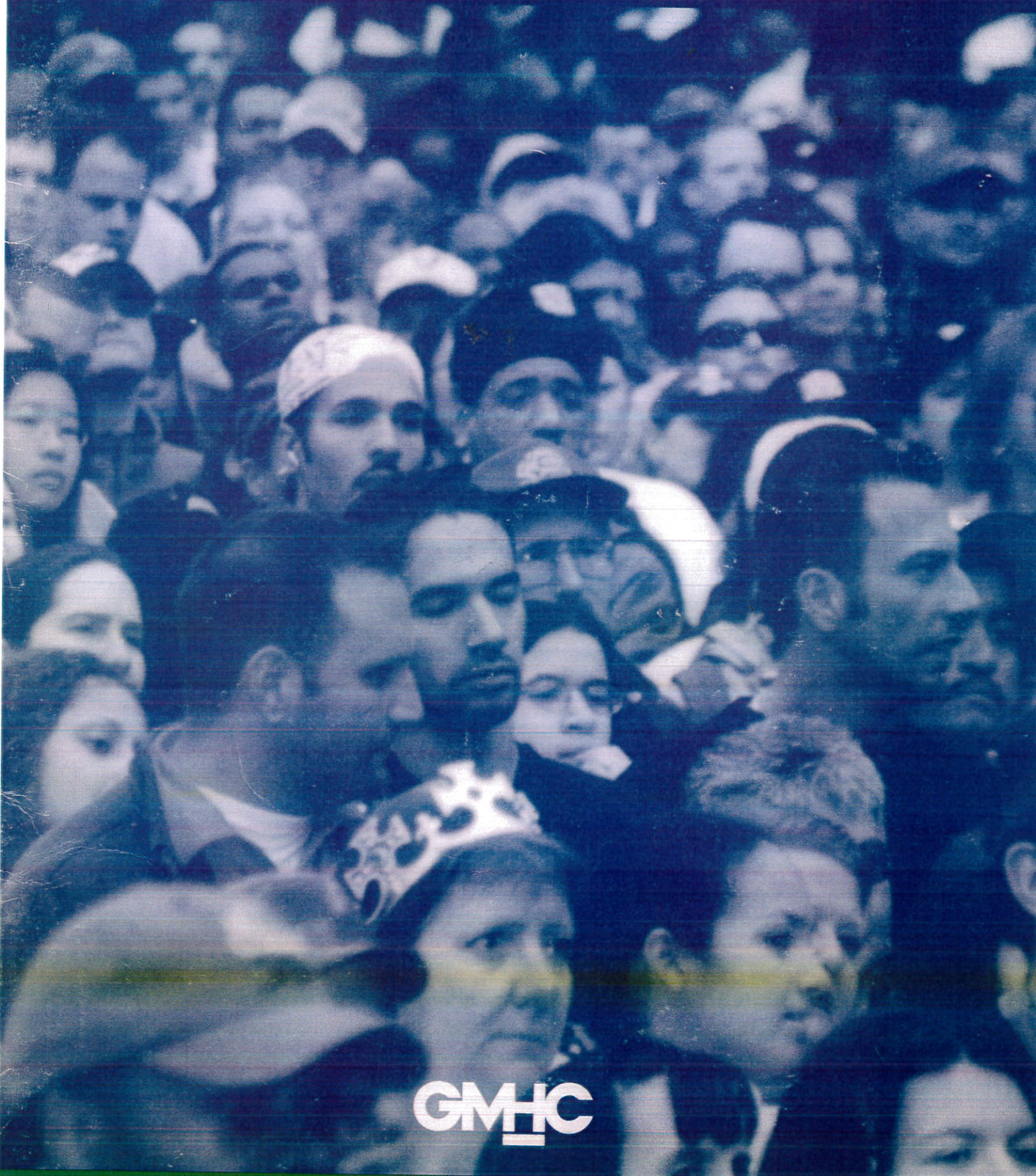


Gay Men's Health Crisis



**GMHC**

ANNUAL REPORT 2002



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I often remember how cloudless and blue the Manhattan sky looked on the morning of September 11, 2001. I am still stung by the bittersweet irony of that day: that something so unthinkable could appear on such a pristine horizon and change our lives forever. Thankfully, I am reminded that if terror can blight beauty, then the converse must also be true: out of terrible tragedy can often come greatness; and in the face of devastation and loss, one can discover deep reservoirs of boldness and strength.

Only through considerable hindsight and distance are we able to assess the fiscal year that ended on June 30, 2002—a turbulent 12 months that changed the landscape of New York City and beyond. At Gay Men’s Health Crisis we began to forecast a shift in philanthropic trends, feel the impact of a worsening economic crisis, and experience a significant increase in both the number of clients seeking our services and in the complexity of their needs. As an agency, we were challenged to understand the unprecedented impact of 9/11 on the lives of those living with, and at high risk for, HIV and AIDS. In short, GMHC was challenged like never before.

At GMHC, *every day* reveals a new challenge, compelling us to continue to find innovative, creative, and cost-effective ways to expand our scope of services and reach. The same holds true for our commitment to the vastly divergent communities we serve. While remaining true to our roots in the diverse gay community, we pace the pandemic as it continues to wreak disproportionately more havoc among other vulnerable communities: women, youth, and the poorest among us.

## A Message from



## the Executive Director

Addressing the complex needs of our clients in their entirety demands that we maintain a fierce focus on the devastation wrought by poverty and the stigmatization of people living with HIV and AIDS. Both exacerbate and complicate the needs of our clients and both require that we include in our services a competent and safe space from which to address the impact of homophobia, racism, gender inequality, and addiction on their lives. In doing so we gain ever more ground in comprehensively responding to the myriad consequences of this crippling pandemic.

In the following pages you will read how GMHC maintained a quality continuum of care in an environment of turmoil and constant change. You will read how our experience permitted us to continue on a path of organizational stability and health; how we completed payment of our debt—emerging debt-free for the first time in six years; how we expanded services to respond to new needs like syphilis and hepatitis C; how we created the Institute for Gay Men’s Health, with new community-specific outreach information and endeavors like QUE and Tribe; how we expanded partnerships with the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA), the Mailman School of Public Health of Columbia University, and TEACH—Technology Exchange and Capacity-building for Community Health; how we increased our public policy and advocacy responses to a political environment intent on compromising the health and rights of the people we serve; and how we enhanced our presence on the global front with significant participation at the XIV International AIDS Conference in Barcelona.

We have faced an unparalleled challenge and we have emerged stable and resilient. I am confident that this position of strength will allow us to springboard into an even more productive and informed future. GMHC is an agency light on its feet and heavy in its purpose. We are both poised for action—in better fighting form than ever before—and fiercely determined to speed the end of this terrible disease.

A handwritten signature in dark ink, appearing to read 'Ana Oliveira'.

Ana Oliveira  
Executive Director

The past fiscal year has been one of the most politically and economically tumultuous in recent memory. As a result, Gay Men's Health Crisis has found itself pulled in seemingly contradictory directions: needing to be both frugal yet generous; cautious yet willing to take chances; and concerned with the future while paying close attention to the present. Heeding the demands of the people we serve, marking the evolving trends of the HIV and AIDS pandemic, and understanding the state of the political and financial climate—and its concurrent impact on the availability of resources, both public and private—is essential to the successful operation of any organization, but perhaps even more so for GMHC, and especially right now.

A recent article in *The Chronicle of Philanthropy* cites a study that says the percentage of Americans who have donated money to a nonprofit organization during the last fiscal year has reached its lowest level ever. The economic hardship being felt across the country can certainly be blamed for this nationwide donor fatigue. Yet, the same study goes on to suggest that the decline in giving is less a direct result of a country in financial crisis than it is the result of a pervasive lack of confidence in the effectiveness of the nonprofit sector—a disbelief by donors in the impact their charitable giving will actually have on the lives of the people served.

As Chair of the Board of Directors, I am privileged to witness first-hand the very real impact private support has on the lives of the men, women, and children we serve. Every person listed in the back of this Annual Report, and tens of thousands more who have made gifts of time and effort and money, have had a significant tangible effect on the state of HIV and AIDS. From the standing-room-only support groups we lead every day, to the operating-at-capacity Meals Program; from the legislation we lobby for on Capitol Hill to the condoms we distribute in all five boroughs of New York City—GMHC's impact is inextricably linked to—impossible to separate from, in fact—the generous support of our donors.

My confidence in the expeditious and efficient transformation of charitable giving into direct service and care is amplified by GMHC's current state of fiscal stability. As an agency, we are debt-free and infrastructurally sound. We have streamlined our delivery of service, without compromising the quality or quantity of care. Our renewed organizational strength coupled with the programmatic successes outlined in this document, are ample evidence of GMHC's solid foundation, passionate drive, and profound ability to continue in the fight against HIV and AIDS.

### A Message from



### the Chair of the Board of Directors

A handwritten signature in cursive script that reads "Bill McCarthy".

William F. McCarthy  
Chair, GMHC Board of Directors

## Access and Assessment

In the third decade of AIDS, we are confronted with a global pandemic unremitting in its attack and indiscriminate in its target; yet, there continues to emerge an alarming trend of infection in primarily poorer communities, in young gay men of color, in other communities of color, and women. The Access and Assessment department is the primary portal through which people living with HIV and AIDS enter GMHC as clients and get connected to care. Last year, 2,225 new clients enrolled at GMHC, a 27% increase from the previous year. This influx brought our total number of clients to over 14,000 men, women, and children. The vast majority of these new clients were people of color, with marked increases in the number of women and people of transgender experience.

Unsurprisingly, HIV and AIDS can often be devastating to a person's sense of emotional well-being. Depression, anxiety, low self-esteem—to name a few—are common symptoms shared by our clients. In fact, 70% of newly registered clients came to GMHC with a history of mental health

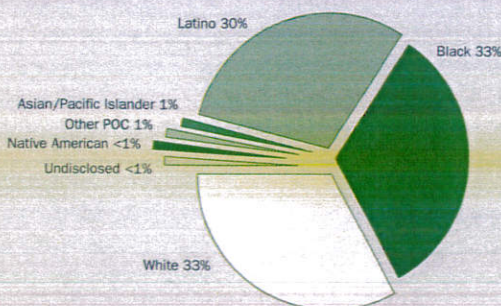
## Responding Immediately

and substance use issues, 50% of whom were not receiving any care. In response to these alarming statistics, GMHC enhanced the integration of our wide range of mental health and substance-use-focused services in order to increase their accessibility *immediately* upon entering the agency.

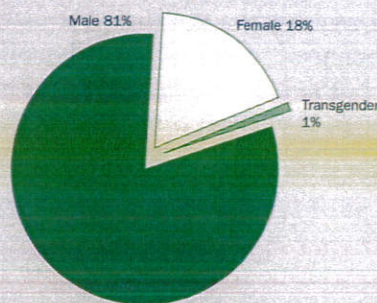
Our Early Engagement Case Management team assists our most vulnerable clients in linking with services. These clients represent a significant challenge for GMHC, as they are the most difficult to consistently engage into care. Many of them are undocumented immigrants, transient, homeless or at risk of becoming homeless, or live in housing with little or no support. Early Engagement connects these clients with services and, more importantly, with solutions, immediately upon registering at GMHC. Providing brief short-term counseling aimed primarily at crisis

### GMHC Clients by:

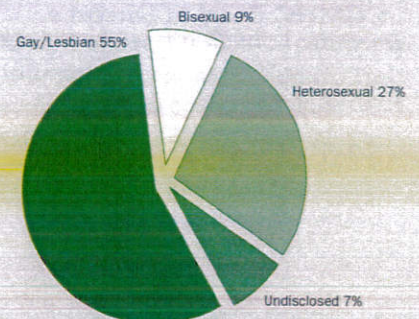
#### Race and Ethnicity



#### Gender



#### Sexual Orientation



reduction and preparing a client for longer psychotherapy, Adult Mental Health Services connects clients with a highly experienced professional staff trained in mental health and substance use issues. Clients attend weekly group and one-on-one counseling sessions, access crisis intervention, and receive extensive follow-up as needed. In addition, our Group Services unit provides counseling in a longer-term setting. Groups for care partners, long-term survivors, those returning to work, and the newly diagnosed, among others, offer a safe, consistent, and positive environment within which members can address challenging life situations as well as develop and enhance coping and decision-making skills over time.

Immediate access to support and care is especially important to our clients who are engaging in high-risk behavior. The new Prevention Case Management program intervenes in the lives of HIV-positive men who have sex with men and are active drug users. The program's goal—to reduce transmission and reinfection—is achieved through a 12-week cycle that uses six trained HIV-positive peers as counselors, supportive buddies, and touchstones that enhance a client's access to other GMHC services.

GMHC's much-lauded Buddy Program offers specifically designed volunteer-provided help and service to bridge the gap in health and social support often felt by our clients. Issues of isolation, loss, depression, disclosure (of new diagnosis, ongoing health issues, and sexuality), and disabling medical conditions are overlapping and often demand a person-to-person solution. Our volunteer Buddies escort clients to appointments and activities that might be emotionally demanding or stressful. Especially important to newly registered clients, the Buddy is a vital link to services both inside and outside of GMHC. The presence of a GMHC Buddy adds to a client's feelings of confidence and empowerment in the management of their own health and life, resulting in an undisputed improvement in both.

## to Escalating Needs



- One-third of all people living with HIV do not know their status.
- African American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (78%) of AIDS cases reported to date among women in our country.
- The fears associated with coming out, sexual risk-taking, and the isolation felt by young people are still pervasive.

These staggering numbers demand a swift, sophisticated, and efficient response. HIV prevention—including testing, education, and outreach in the field—and its ability to connect people with care remains a critically effective strategy to stop the spread of the pandemic. GMHC targets vulnerable populations, provides up-to-date information, connects with people in their communities, and promotes safer sexual behavior—thereby altering the course of the epidemic and, most importantly, saving lives.

## The Institute for Gay Men's Health

The creation of GMHC's Institute for Gay Men's Health is an acknowledgment that HIV infection and risk of infection occur within the larger scope of gay men's sexual health. The Institute integrates many of GMHC's existing prevention programs, like HIV education and outreach, into a *comprehensive* promotion of wellness among gay men and

# Fighting the Pandemic

the numerous varied communities from which they hail. The Institute disseminates explicit and non-judgmental prevention messages specifically designed for each different community; connects gay men with mental-health and substance-use counseling; and spearheads social and behavioral research that provides the groundwork for policy and advocacy

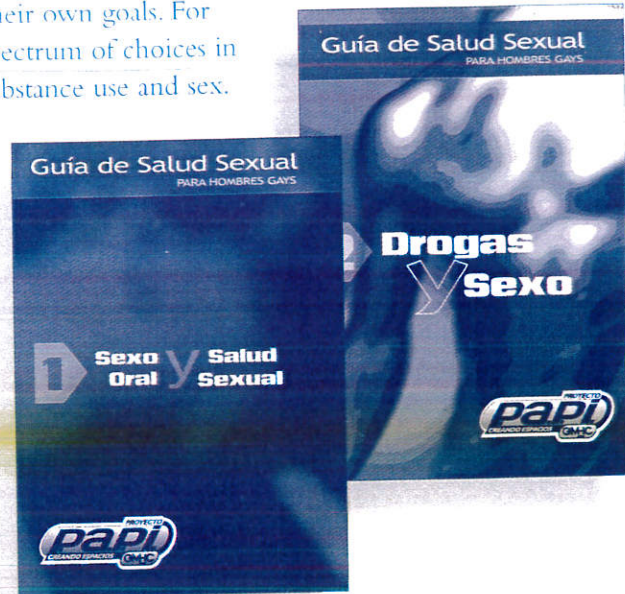
action surrounding gay men's health. The Institute perpetuates GMHC's legacy of successfully promoting sexual health with its expertise in direct support service provision.

The multiple impacts of HIV remain central to any discussion of gay men's health. The Institute includes in that discussion, however, HIV as gay men experience it within the larger context

of their lives—socially, emotionally, and physically. The Institute's harm-reduction method reduces the likelihood of potentially high-risk behaviors by providing a safe and non-judgmental space for clients to assess their own behavior and set their own goals. For example, there exists a broad and complex spectrum of choices in assessing the consequences associated with substance use and sex.

GMHC meets the client *where they are* in that spectrum, provides them with accurate information, access to services, and then assists them in the choices they make within a context of peer-level support.

The Institute has an enhanced capacity for evaluating important data collected from our clients for social and behavioral research. This evaluation helps GMHC refine our programs to best serve our constituents, leverage additional





support, and take the lead on national health issues affecting gay men. GMHC organized and participated in the New York State Gay Men's Health Summit—part of a movement looking at gay men's health beyond, but including, HIV infection. Attended by service providers, medical practitioners, and advocates from around the region, the conference provided a valuable opportunity for the Institute to engage others concerned with gay men's health with our expertise in HIV prevention, outreach, service, and grassroots policy action. In addition, the Institute developed its own landmark community-based research project—the Latino Survey. Results from the survey, which will be made available in the approaching months, will provide much needed information that will enhance and shape our prevention efforts geared toward Latino men.

The Institute houses GMHC's four community-specific, peer-driven prevention and outreach programs. By integrating the effects of multiple cultural variables—including ethnicity, sexuality, and socioeconomic status—GMHC's prevention messages are specifically constructed to connect with the communities most at risk—men who have sex with men, young men, and men of color. Combined, these programs distributed over 10,000 condoms and pieces of literature regarding sexual health, sexually transmitted infections, HIV, and drug use to clubs, balls, sex venues, bars, and parks.

## in Every Community

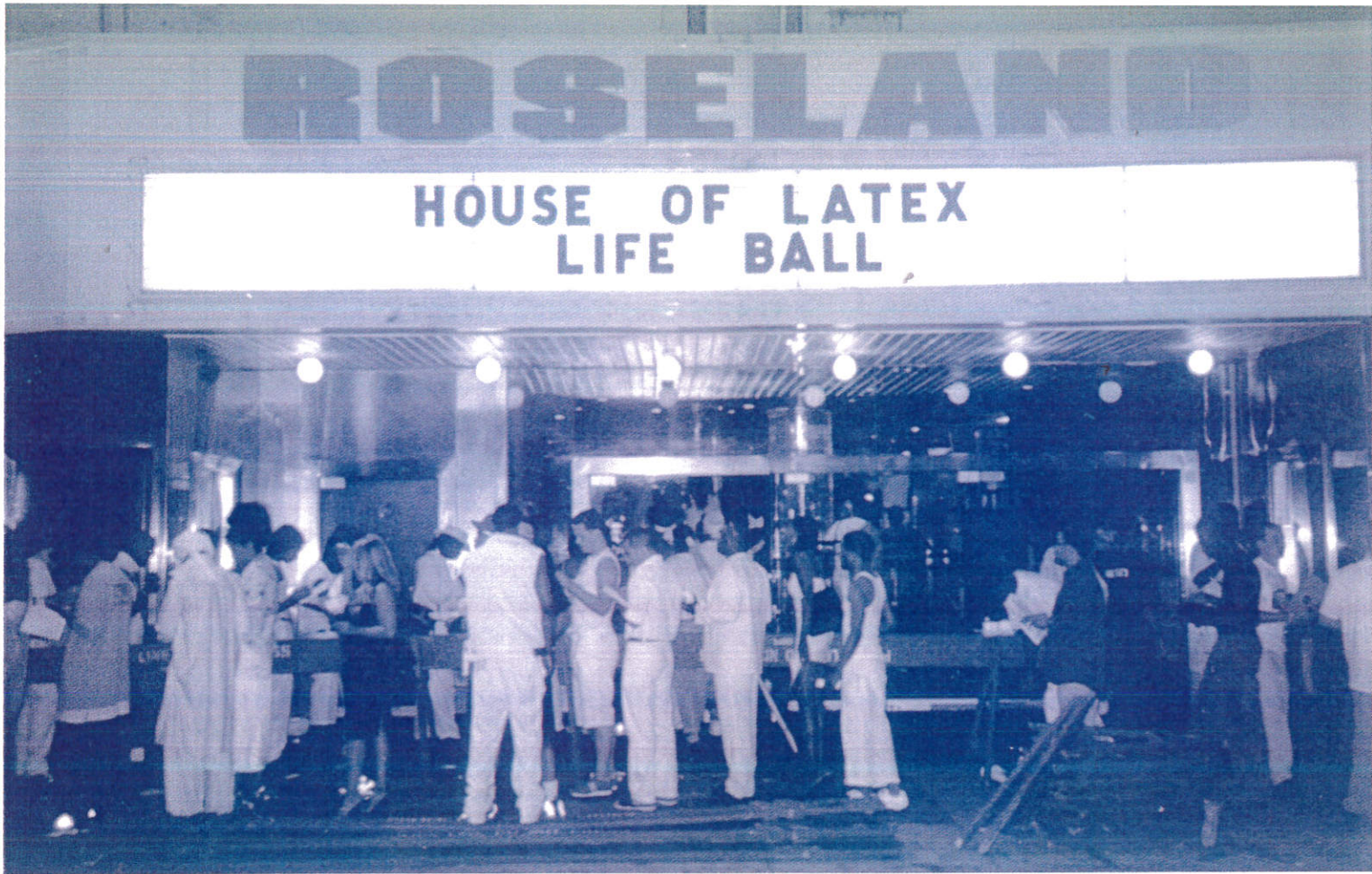
### Proyecto P.A.P.I.

Proyecto P.A.P.I. (Poder, Apoyo, Prevención, e Identidad [Power, Support, Prevention, and Identity]) uses trained peers and volunteers from Latino communities to bring prevention messages to both Latino and Latino immigrant communities. This past year, P.A.P.I. produced and disseminated two *Guías de Salud Sexual Para Hombres Gays* (Sexual Health Guides for Gay Men) entitled, "Sexo Oral y Salud Sexual" (Oral Sex and Sexual Health) and "Drogas y Sexo" (Drugs and Sex). Their frank depictions of sexual behavior, substance use, and the risks associated with both speak directly to, and provide much needed information in Spanish for, a community often overlooked, underserved, and at high risk for HIV. Likewise, P.A.P.I.'s offshoot program, QUE (Queer Urban Explorers), targets Latino gay youth.

### Soul Food

Like P.A.P.I., Soul Food is a community-specific prevention outreach program. Focusing on health and wellness promotion for black men who have sex with men, Soul Food connects men with a supportive environment where they gather, be they HIV-positive or negative, to discuss their emotional and physical health, their sexual lives, and their relationships. Soul Food offers participants a reading group, discussions about safer-sex practices and spirituality (like the Sacred Space discussion group) volunteer opportunities for further community outreach (such as handing out condoms and safer sex materials in bars and clubs in the neighborhoods where they live), as well as one-on-one support.





### **House of Latex**

For over 12 years, the House of Latex has provided an ever-growing and highly respected community education and social support network to the House and Ball community. Through safer-sex education and outreach all year long, the House of Latex recognizes, respects, and affirms young, gay, bisexual, and transgendered people. The House of Latex activities culminate yearly in the largest community-wide ball in the nation. The House of Latex Ball, with attendees and participants numbering more than 3,000, is a valuable and unique opportunity to promote sexual health in the context of a hugely popular event.

### **Gay Gotham**

Gay Gotham, an initiative helping all gay- and bisexual-identified men, uses peer-driven community outreach to effectively raise awareness of HIV prevention and sexual health in all five boroughs. Included in Gay Gotham, Tribe is a group of trained peers and volunteers that do outreach in sex venues around New York City, distributing condoms and safer-sex literature and providing men with information about GMHC's services.

These four programs successfully address the issues of sexual health confronting at-risk young men by providing information, support, and, perhaps most importantly, direct access to the Institute's two primary services: Substance Use Counseling and Education (SUCE) and the **recently expanded** Gay Men's Counseling and Education (GMCE). **Since substance use** often plays a large role in sexual decision-making, SUCE and GMCE provide workshops, seminars, both long-term and drop-in counseling, prevention support, and referral services geared toward reducing the risks of sex and substance use, among other high-risk behaviors.

## **The David Geffen Center for HIV Prevention and Health Education**

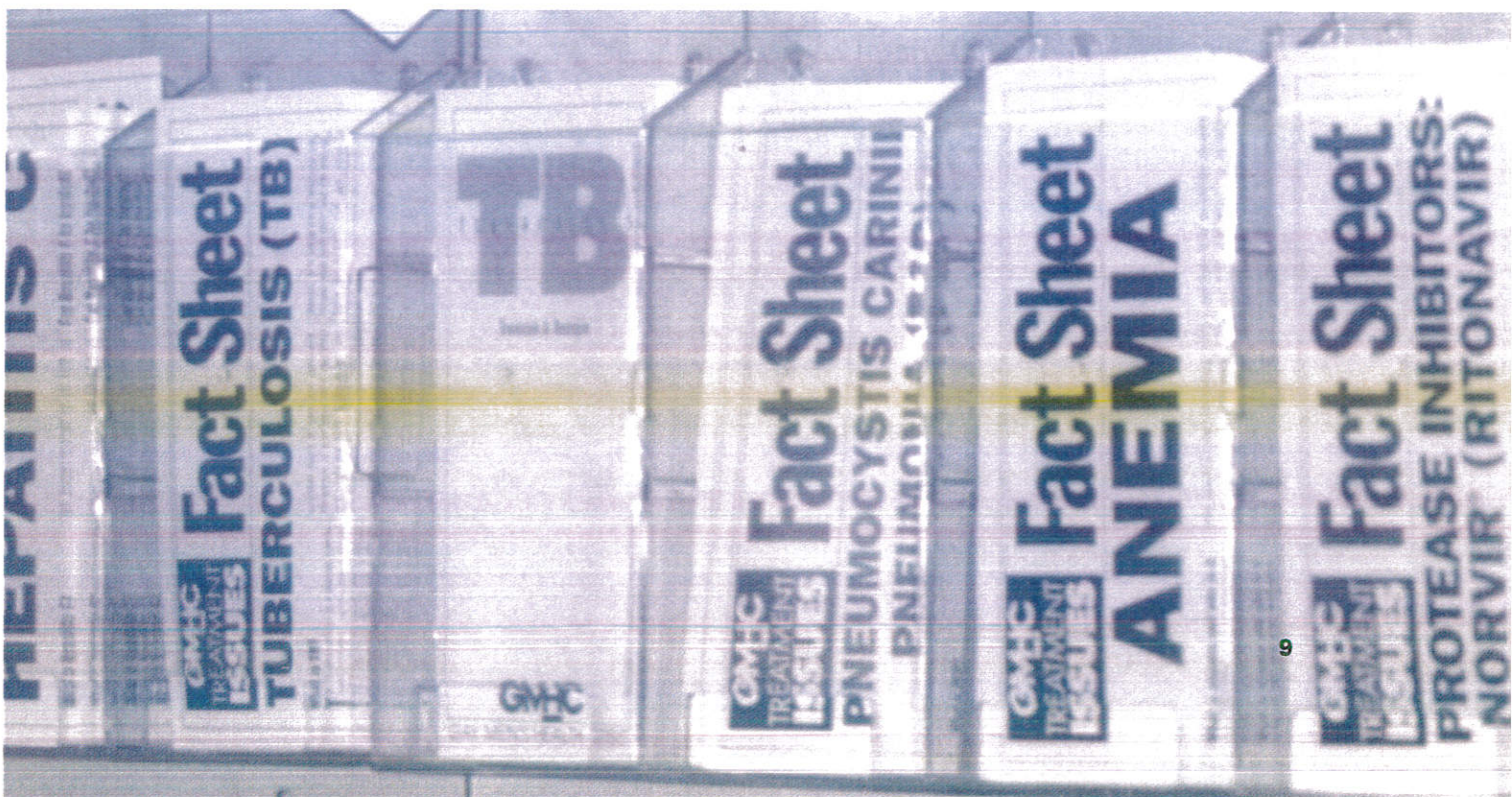
The David Geffen Center for HIV Prevention and Health Education houses the Testing Center, the HIV/AIDS Hotline, the Nutrition and Wellness Program, and the Treatment Education unit. The Geffen Center's client-focused approach identifies each client's specific needs and addresses the numerous obstacles that stand in the way of getting tested, accessing care, getting treated, and enhancing one's quality of life.

### **The Testing Center**

Of the more than 1,300 tests conducted by the Testing Center this past fiscal year, there was a marked increase in the number of people of color and young people accessing testing services. This increase is a clear testament to the effectiveness of our community-based outreach programs and their ability to connect at-risk populations with testing.

The Testing Center is considered by many to be one of the premier testing facilities in the country because of the consistency of care a person receives. From the moment a person walks into the Testing Center, they work with the same rigorously trained counselor from beginning to end. Both blood and oral mucus-based testing are available by appointment and during our extensive walk-in hours six days a week. Our incredible return rate for test results, which increased to more than 99% this past fiscal year (the highest rate of return in the nation), combined with the fact that 99% of people who test positive at the Testing Center have an appointment with a primary care physician within two weeks of their initial test, is evidence of our efficacy and care.

Last fall, in response to the alarming increase of syphilis cases among gay men in New York City, the Testing Center began testing for syphilis as well, held a seat on the Citywide Syphilis Advisory Group, and distributed over 20,000 pieces of safer-sex literature addressing HIV, syphilis, and other sexually transmitted infections. The epicenter of the syphilis outbreak shared the same ZIP code as GMHC's Tisch Building, in the Chelsea neighborhood of Manhattan. Our geographical proximity to the population most affected has been essential in our efforts to connect the community with testing and care.





### The Hotline

GMHC's HIV/AIDS Hotline has expanded over the past two decades to become a national and international resource for counseling and information on both HIV/AIDS and other related health issues, including sexually transmitted infections. Highly trained volunteer peer counselors use a client-centered, interactive, one-on-one approach to increase the caller's understanding of high-risk behavior and to provide support, counseling, and referrals six days a week. Our referral database, with over 10,000 service providers, is administered by over 70 volunteers in both Spanish and English. This past year, the Hotline responded to over 35,000 calls from across the country via our local and 800 numbers. In addition, use of our Hotline Online increased extensively, expanding access to our services and allowing people around the world at any time day or night to get answers to questions, many of which they might feel uncomfortable asking in person.

GMHC's A-Team crisis-intervention and counseling service—the only one of its kind in the country—is available on a walk-in basis five days a week, nine hours a day. The A-Team is a one-time service available to anyone with HIV or AIDS and, like the Hotline, is administered by trained volunteer counselors. Often, men and women who drop in for A-Team sessions are in crisis. After receiving support, they are, if necessary, referred to other departments within GMHC for additional longer-term care.

### Treatment Education

One of the first of its kind when it was created in the 1980s, GMHC's Treatment Education program addresses the gaps in HIV and AIDS treatment knowledge and, in turn, provides information and support in achieving optimal healthcare. This devastating gap in treatment knowledge and access is most prevalent in communities hardest hit by HIV. By providing information and support to these communities free of charge and available regardless of HIV status, GMHC effectively reduces the risk of further HIV transmission and enhances the ability of our clients to address their own health needs.

Workshops—offered both on and offsite, in Spanish and English—on issues ranging from dosage to opportunistic infections, from managing the side effects of medications to knowing how to talk to your doctor, happen on an ongoing basis, often to standing-room-only crowds.

In September of 2001, Treatment Education created the increasingly popular adherence support program, *Stick With It!* Designed to assist the often rigorous and debilitating struggle to consistently adhere to a demanding medication regimen, *Stick With It!* offers help with nutrition, strategy building, and coordinating treatment plans. *Stick With It!* counselors are also available to make supportive reminder phone calls. In addition to workshops, Treatment Education offers 33 Fact Sheets in Spanish and English that cover the spectrum of specific HIV- and AIDS-related issues, like lipodystrophy and vaginal thrush, in an easy to understand format.

The Rachel Berger Treatment Library at GMHC supplements our workshops and printed materials with a highly respected specialist's collection of HIV- and AIDS-related treatment and information. The library also offers internet training classes to maximize the internet access we readily make available. The library, visited by more than 250 people every month, is one of our most valued services.

### **Nutrition and Wellness**

GMHC strives to provide a variety of approaches to our clients in order for them to improve and maintain their health. The Nutrition and Wellness Program is an integrated service containing many of those approaches, including nutrition counseling with information about supplements and herbs, exercise classes, weekly workshops (both on and offsite, in English and Spanish), and monthly cooking classes. Professional HIV nutrition specialists help HIV-positive individuals learn how to strengthen their immune systems, maintain and increase lean body mass, increase energy levels and enhance quality of life. Nutrition counseling can also help ameliorate the side effects often experienced with many of the medications HIV-positive people must take. In addition, the Nutrition and Wellness Program's integrated approach to whole-body health—which includes an array of complementary therapies such as massage, full-body acupuncture, reiki, yoga, and therapeutic touch—works together with nutritional protocols to assist clients in their efforts to achieve optimal health and well being.

A growing number of HIV-positive people are also co-infected with hepatitis B and C. In response, Nutrition and Wellness published a resource book entitled *The Liver*, which is available to GMHC clients as well as other community-based organizations. Extremely informative and popular, *The Liver* provides increasingly important information about HIV and healthy liver function.



- *By the year 2010, it is estimated that women will represent 50% of all AIDS cases in the United States.*
- *Women are one-and-a-half times more likely to die from AIDS due to the lack of extant services and the added stigma women may carry with the disease—stigma that may prevent them from accessing care.*
- *The average age of transmission continues to plummet with younger and younger women testing positive.*
- *GMHC's female clients mirror these emerging trends, being primarily women of color—many who are single parents, living on severely limited incomes, and/or are unemployed.*

## **Women and Family Services**

GMHC's Women and Family Services department continues to address this growing crisis in a number of interrelated and effective ways that focus upon self-esteem and self-worth in women. The more opportunities women have to become leaders in their own lives, the more likely they are to become leaders in the communities they represent. Those opportunities are far more profitable in the safe environment provided by GMHC than in the hostile, isolated, and/or stigma-ridden environments from which our women clients often hail. All of the Women and Family Services programs are easy to access—consisting primarily of individual and group services. Coupled with the help of peer educators, Women and Family Services' programs are both effective and reciprocal in their success—benefiting the peer educators as well as the clients they serve.

Women and Family Services spent the past year focused on numerous community-wide research initiatives that identify and assess the specific needs of emerging populations. For example, in collaboration with the Mailman School of Public Health of Columbia University, GMHC conducted a study analyzing the stigmatization experienced by lesbian

mothers. The data, available in the coming months, will help guide and direct GMHC's ongoing efforts to respond to the issue of stigma, as it is experienced by women with HIV and AIDS. In addition, GMHC Women and Family Services conducted groundbreaking work on HIV prevention with the female condom (GMHC created the first and only how-to female condom prevention kit). GMHC's work in this area has sparked an enormous interest in woman-focused HIV prevention, which has provided many partnership opportunities that will build on the important prevention work accomplished over the past 12 months.

### **The Lesbian AIDS Project**

In 1992, The Lesbian AIDS Project (LAP) was established to respond to and remedy the invisibility of lesbians living with HIV and AIDS. Ten years later, LAP provides support to HIV-positive lesbians living with AIDS and HIV prevention education to at-risk women in multiple communities. LAP also advocates for more research and education on woman-to-woman HIV transmission, as well as proactively seeking partnership opportunities that will benefit lesbian sexual health.

At the heart of LAP is the Lesbian Leadership Initiative, an important peer training program. Peer educators are at the core of all the direct services provided by LAP, and an essential component in community-building and neighborhood outreach and education. LAP connected more than 15,000 women from across New York State with HIV information and safer-sex kits.

LAP also developed the Latina Initiative, which addresses language, culture, and immigration as they are encountered by Latina lesbians. Though the Initiative's specific purpose is to meet the needs of Latinas, it also successfully integrates Spanish-speaking women into the wide range of services provided by the Women and Family Services department, and GMHC as a whole. In addition, the Latina Initiative is part of a larger community-building effort, collaborating closely with other **Hispanic/Latina** organizations to assure and enhance the **provision of services** to lesbians. These collaborations have become exceedingly important as new and more diverse populations of immigrant women have turned to the Latina Initiative challenging us to expand our cultural and linguistic specificity. By partnering with other community-based organizations—like the Latino Commission on AIDS and Alianza Dominicana, to name a few—we have been able to maximize our services and resources to best serve these clients.







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## **Women in Action**

Women in Action, and its Spanish counterpart, *Mujeres en Acción*, is a family-centered harm-reduction program aimed at helping HIV-positive women in all stages of substance use, relapse, and recovery cope with their lives, begin or continue recovery, prevent relapses, and avoid infecting others with HIV. The program connects more than 2,500 participants with services via crisis intervention, counseling, acupuncture, and support groups both onsite at GMHC and offsite in two underserved communities farther afield from GMHC—in Lower Manhattan through the AIDS hospice Rivington House, and in Brooklyn through the Haitian Women's Project. Frequently, recovery from substance use is made more daunting for many of our clients due to the degenerative effect of HIV disease on their bodies, leading them to return to comforting but damaging behaviors. By engaging women in their own process of change, Women in Action helps them achieve self-esteem and psychosocial stability—both tools that help access and maintain HIV treatment and reduce HIV transmission.

## **Child Life**

GMHC offers support services directly tailored to the more than 850 families enrolled in our ten-year-old Child Life Program. These services include nutritional counseling and support, the distribution of emergency food packages, hundreds of one-on-one and group counseling sessions as well as numerous workshops in both Spanish and English on and offsite, and child-sitting in our renowned Johnson Playroom. The nature of Child Life's services has evolved with the epidemic as the number of children becoming infected with HIV through mother-to-child transmission has been all but eliminated in the United States, and as many of our HIV-positive parents, previously negotiating an imminent death, are now living longer and facing new challenges. Our response has been twofold: to provide the many children who have become adolescents—clients who have literally grown up at GMHC—with age-appropriate education and information that is still sensitive to, and respectful of, the ongoing issues surrounding HIV in their families; and to encourage parents—both mothers and fathers—to access our services specifically geared toward increasing the quality of their lives.

The Elizabeth Ross Johnson Food Pantry, a pivotal component of the Child Life Program, continues to be essential for our clients from across all five boroughs of New York City. In addition to distributing over 1,400 emergency food packages, the Food Pantry works in conjunction with GMHC's Nutrition and Wellness Program to provide parents with information about cooking healthy and affordable meals for children and family members with HIV and AIDS. During the holidays, our food packages include food for an entire celebratory meal plus a coupon for a free turkey.

- 73% of all of GMHC's new clients last year needed legal assistance.

## Legal Services and Client Advocacy

Working both independently and in seamless partnership with each other, GMHC's Legal Services and Client Advocacy units provide a continuum of practical and concrete services that are critical to obtaining and maintaining access to food, housing, medical care, health insurance, public benefits, and employment. This last fiscal year, in response to the large influx of new clients, both programs expanded to become available at eight offsite locations in the Bronx, Brooklyn, Queens, and Manhattan. Both in the community and here at the agency, GMHC clients receive professional legal services tailored to the needs of HIV-infected and impacted individuals.

### Immigration

Since 1985, GMHC has been one of the only places an HIV-positive documented or undocumented immigrant could receive legal assistance specific to their needs—primarily with issues around legalization/naturalization, HIV waivers, political asylum, and public benefits. In addition to one-on-one services, GMHC's Immigration Legal Team hosts a monthly Immigration and HIV Forum open to all HIV-positive immigrants, their families, case workers, caregivers, and all those

## Protecting the Rights

interested in learning about the role of HIV and immigration, regardless of their

immigration status. All of our immigrant clients help direct and inform our services via the Immigration Client Advisory Group, a grassroots collective made up of immigrant clients who utilize the services of GMHC.

### September 11, 2001

GMHC's Immigration Team continues to be engaged in advocacy to protect the lives of our clients in the increasingly hostile post-September 11 political and economic environment. In the nine months following the events of September 11, GMHC's immigrant clients reported enormous difficulty in navigating basic systems—like health care and other public benefits—that most people take for granted. For example, an increase in photo identification requirements has made it nearly impossible for many of our undocumented immigrant clients to access health care centers, clinics, and to travel. In response to these complex needs, GMHC provided extensive training to 30 volunteer lawyers entitled, "Recent Developments in HIV-positive Immigration Asylum and Petitioned Cases: Consequences in Light of September 11." We also advised the Justice Department on problematic issues in the USA PATRIOT Act and provided training for Immigration and Naturalization Service Asylum Officers to sensitize them to the particular needs of HIV-positive immigrants. At the request of the New York Bar Association, we have been mentoring attorneys assisting families and loved ones of those who died in the World Trade Center.

### Poverty

GMHC's Client Advocacy unit provides critical assistance and counseling to New York's large number of uninsured HIV-positive people and advocates on behalf of many of New York City's extremely vulnerable and impoverished communities to ensure that they have adequate medical coverage, including public and private health insurance, food stamps, and home-care.

Enhancing our clients' autonomy is critical to stabilizing lives. One way GMHC achieves this is by connecting people to vital information about seeking employment. For example, clients who

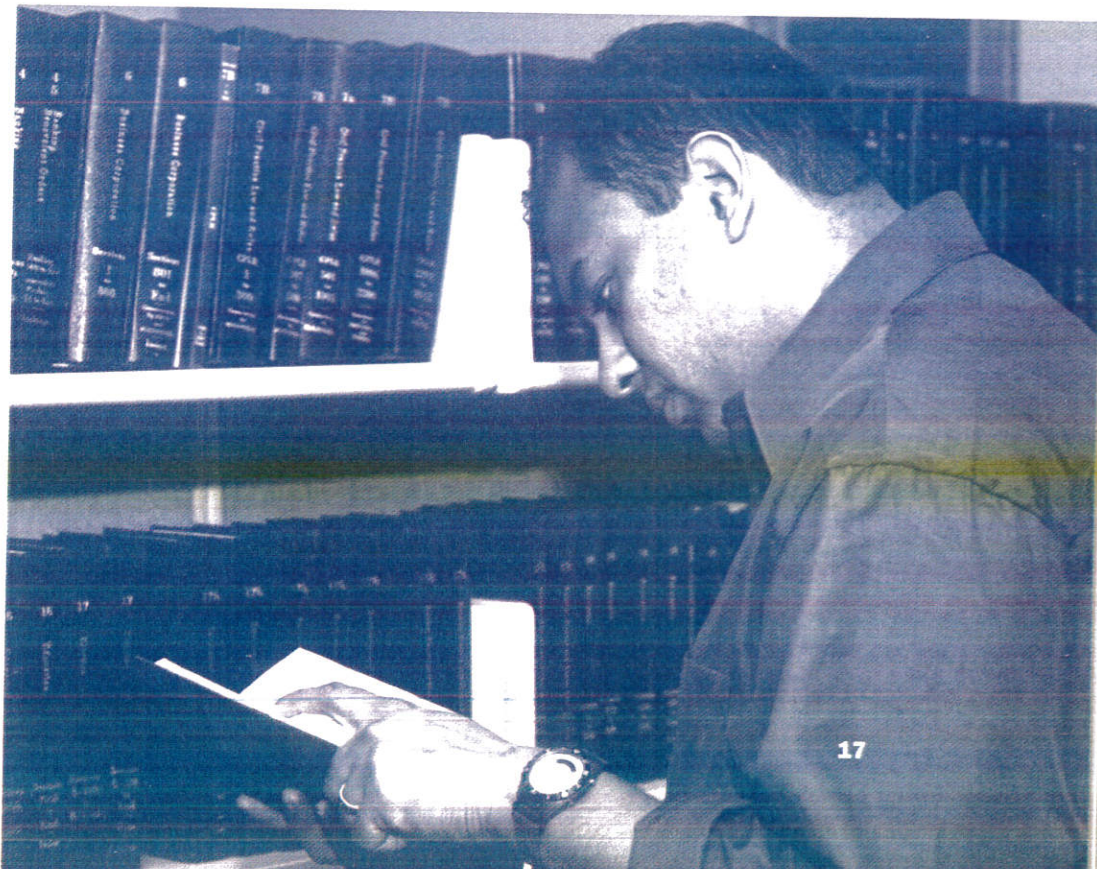
are interested in returning to work or developing skills to seek employment opportunities turn to GMHC for information regarding the health coverage available to them as well as the complex issues concerning government entitlements and employment. Client Advocacy holds a number of monthly forums, including "Return To Work," which address this complex terrain.

The Judy Peabody Fund for Client Advocacy—created by one of our most generous donors and long-time volunteers—continues to significantly improve the lives of hundreds of our clients in very specific and real ways. Over the past year, approximately 550 clients were provided with transportation reimbursements, emergency cash grants for utility payments and air conditioners, and food coupons.

### Homelessness

Homelessness, or the threat of homelessness, continues to be a pervasive dilemma for many of GMHC's clients. Legal Services and Client Advocacy provide direct representation and legal advice to clients in New York City regarding landlord-tenant matters. By advocating with the New York City Human Resources Administration (NYCHRA), as well as contacting charitable organizations, we assist clients struggling to pay their rent. In the case of imminent eviction we advocate on the client's behalf with the New York City Marshal's Office, the landlord and the landlord's attorney, and the NYCHRA. In the event of repeated nonpayment of rent, due to a variety of reasons—dementia, mental illness, and/or substance use—the City encourages a client to utilize GMHC's Financial Management Program. A part of the Client Advocacy unit, Financial Management works in collaboration with the Social Security Administration to help disburse monthly benefits in an appropriate and prioritized fashion—making sure rent is paid. For clients ineligible for standard public rental assistance—because of citizenship status or income level—GMHC administers the Sustainable Living Fund, providing rental assistance, broker's fees, and security deposits. This fund is an innovative partnership that has brought GMHC into contact with over 20 other community-based HIV/AIDS organizations. By advocating for the rights of vulnerable tenants with HIV and AIDS, by assisting with the financial management of clients at high risk of eviction, or by partnering with other organizations to allocate specialized funds, we continue to actively prevent the displacement and homelessness of men, women, and children with HIV and AIDS.

## of the Most Vulnerable



## Care Management

### Meals Program

GMHC's Meals Program began in 1986, serving dinners for 25 people at a time. In fiscal year 2002, the Meals Program served nearly 80,000 meals, almost 10,000 more than the previous year. The Meals Program menu is coordinated by a professional chef/nutritionist, who each day oversees the preparation of over 300 meals in the kitchen of the Peter Krueger Dining Room—all of which adhere to a strict rule: delicious and healthy. The Meals Program is considered by many to be the premier congregate meals program in the nation because of the dual goals it accomplishes—reducing hunger and breaking social isolation. Many of GMHC's clients have limited incomes—75% of our clients live on less than \$11 a day—and/or live alone. GMHC's Meals Program responds to both the poverty and isolation recognized as contributing factors to malnutrition. The dining room is a safe place where our clients can share their experiences, take their medications without fear of stigmatization, and enjoy healthy and delicious meals in a comfortable and supportive environment. As a hub of daily activity, the dining room often serves as an ideal point of intersection for other GMHC programs to connect clients with outreach and education.

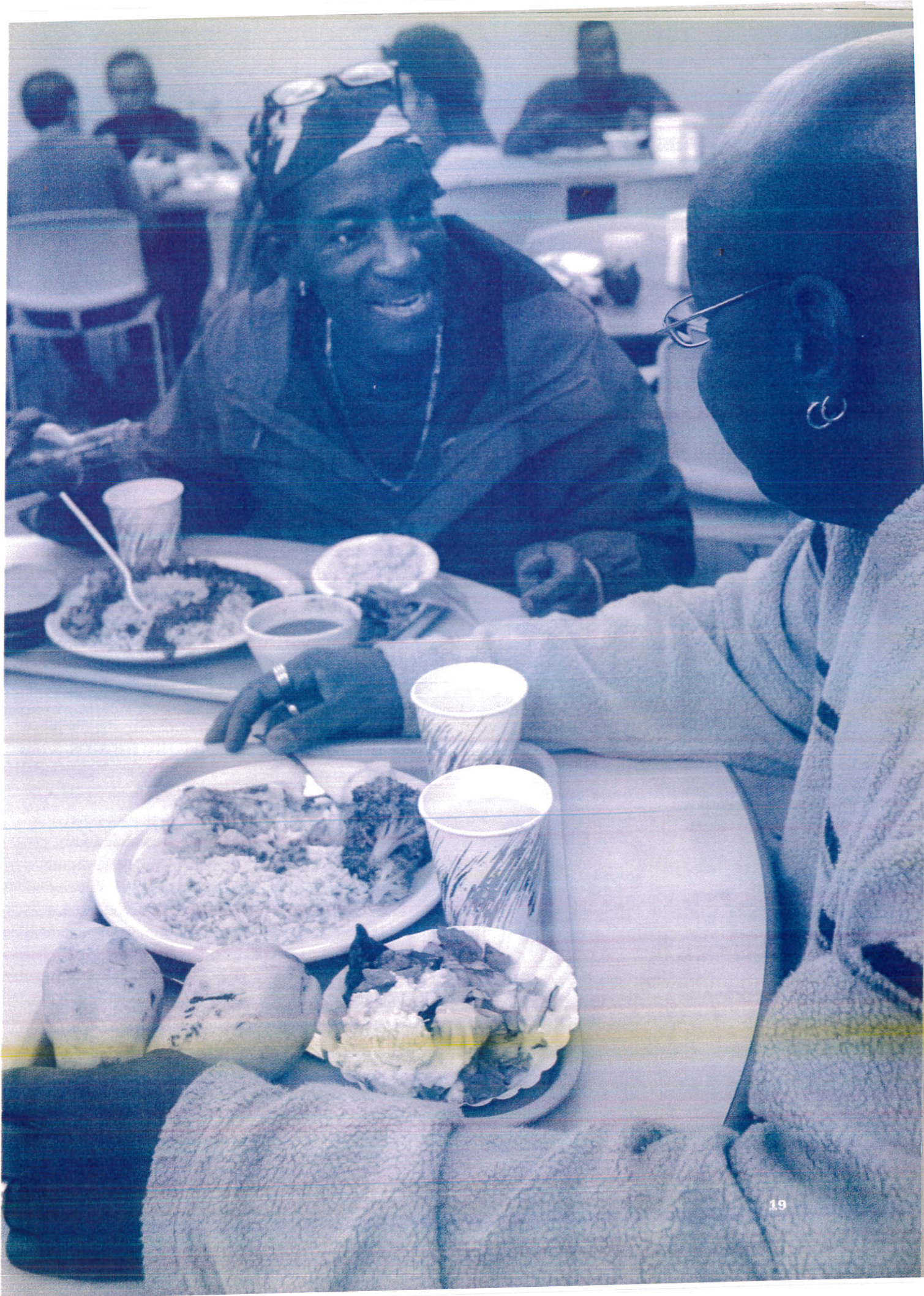
# Providing the Tools for Living

### Life Steps and Learning Center

As a significant number of GMHC's clients live longer, feel better, and experience greater stability in their lives—due in large part to the comprehensive services they receive at GMHC—there is an increased interest in returning to work. Whether it be volunteering, furthering their education, attending a vocational training program, or transitioning to work, Life Steps assists clients in enhancing their quality of life. Clients receive comprehensive training that includes individual counseling, communication and interviewing skills, resume writing, workplace etiquette and relationships, workshops and forums, and field placements.

The Learning Center is a clearinghouse for services aimed at promoting socialization and providing educational and job training opportunities. These include services like the very popular Jerry Herman Theatre Desk, where GMHC distributes over 45,000 free tickets to theatrical and concert events around the city; the Continuing Education Scholarship Program, where clients can receive scholarships to area colleges and universities including Columbia University, Juilliard School of Music, and New York University (last year, 120 of these scholarships were granted to clients—the most ever in GMHC history); and the volunteer-led art therapy program that produced two public showings of client art last year. Clients can also receive a haircut at the Barber Shop, or check out a book at the client-run lending library. Use of these services allow clients to engage with each other and the world while enhancing their health and well-being through positive socialization opportunities.

GMHC has a comprehensive referral service for free computer skills training, job readiness and other training programs, and both GED and English-as-a-Second-Language courses throughout all five boroughs. The Learning Center has expanded these educational opportunities through a number of community partnerships that focus on connecting our clients with training and work opportunities. Job placement and training organizations, such as America Works and Mobilizing Talent and Skills, are onsite weekly. GMHC coordinated computer training for our clients through the Consortium for Workers Education, Dare to Dream/Technical Career Institute, and the Data Link Cyber Café, which, along with free internet access and training, provides food and transportation.



## Public Policy

In addition to cutting-edge prevention work and up-to-date direct client service and care, GMHC has an extraordinary history of successfully effecting significant change in the lives of hundreds of thousands of HIV-positive people and those at risk of infection by advocating and fighting for just and humane HIV and AIDS policies. This past year, GMHC won numerous victories and made huge strides in ongoing battles, many of which addressed the important issues surrounding access to health care, housing, and prevention advocacy. Frequently, many of our most successful policy endeavors involved the partnership of other community-based and national organizations. By being a leader in the fight against HIV and AIDS and through active coalition-building, GMHC has and will continue to demand accountability and responsibility from all levels of government in meeting the needs of people with HIV and AIDS.

## Legislative Action at All Levels of Government

In a political climate in which lawmakers aggressively sought to restrict eligibility, services, and resources earmarked for people with HIV and AIDS, GMHC had a remarkably successful year in both defending existing resources and creating new ones. In coalition with other community-based organizations, GMHC successfully opposed millions of dollars in proposed state-wide budget cuts

# Giving Voice

that would have had a devastating effect on thousands with HIV and AIDS. This same coalition successfully harnessed new funds specifically allocated for communities at highest risk of HIV infection. Over \$4 million was targeted towards these populations at both the city and state level. In addition, GMHC continues to oppose legislation at all levels of government that threatens the civil liberties of persons with HIV and AIDS, criminalizes HIV and AIDS, and imposes any kind of mandatory testing for HIV.

## Housing

GMHC has long been a vocal critic of New York City's lackluster response to the dire need of people living with HIV and AIDS for affordable housing. For many with HIV and AIDS, permanent housing is the crucial component to having access to medication, stability, and ultimately being able to increase their quality of life. The rampant poverty so common in the lives of our clients continuously jeopardizes their housing and, in turn, their health. Increasingly, our clients have fewer and fewer options for housing. Rather than pro-active solutions that address the specific obstacles of homeless people with HIV and AIDS, New York City continues to deepen its dependency on substandard solutions for an ever-escalating problem. GMHC actively and aggressively holds the city responsible for its policy inaction and frequent funding reallocation—diverting existing resources for affordable housing to other ventures.



## Medicaid Buy-In

Many of GMHC's clients, and thousands more across New York State, have experienced great frustration at the "catch-22" presented by restrictive public health care eligibility and, specifically, at the ways in which it often prevents men and women from returning to work. Currently, an HIV-positive person dependent upon Medicaid for their essential health care needs whose earned income reaches a certain level, is forced into the private health care market—an often devastating alternative, with its prohibitive costs and/or restrictive eligibility requirements. In addition to keeping many people jobless—often deteriorating their health and well-being—these restrictions have put a strain on an already taxed Medicaid program. In January 2002, however, after more than three years of intense political strategizing, fierce activism, and focused effort, GMHC enjoyed an extraordinary victory with the hard-won approval of the groundbreaking Medicaid Buy-In program. The program—spearheaded by GMHC—allows men and women with HIV to maintain their Medicaid eligibility and still return to work by paying a small affordable premium. The benefits of transitioning back into employment have been astounding for the health and morale of hundreds of our clients and thousands more New Yorkers—increasing their independence and quality of life and setting them on the road to fiscal stability.

## Making Medicaid Coverage More Accessible

Demanding that access to Medicaid coverage be equitable and fair is often an issue of making sure enrollment and coverage information is readily available and easy to understand. Last year, GMHC added to its already rich legacy of protecting the HIV-positive medical consumer by coalescing all of the confusing—and often overwhelming—data about evolving Medicaid coverage of HIV and AIDS into an easy to read guidebook. Groundbreaking in its usefulness, *SNiP Tips* is a veritable how-to book evaluating the pros and cons of Medicaid's Special Needs Plans (SNiPs) for consumers and providers. The New York State Department of Health consistently and frequently refers to GMHC's *SNiP Tips* in all of their training, seminars, and publications. Our clients—who find it exceedingly helpful—have all but exhausted the first printing.

## AIDS Drug Assistance Program

It is painfully evident that guaranteeing access to treatment for HIV and AIDS is an escalating problem here at home as well as around the world. Over the past fiscal year, GMHC has laid the groundwork for the battle to secure adequate federal and state funding for the AIDS Drug Assistance Program (ADAP). ADAP helps over 85,000 uninsured and under-insured men, women, and children living with HIV and AIDS across the country, afford the essential medications they need to survive. With the advent of more expensive combination therapies, yearly increases in program participation (due in part to the success of early detection efforts and the resulting increase in the number of people who have tested positive for HIV), and the federal government's refusal to allocate additional funds—an enormous shortfall in prescription drug coverage is dreadfully near. Already, many states have had to severely restrict program eligibility as well as the kinds of medications covered. New York—which has the most comprehensive ADAP in the country—is poised to be the next to join them. Should this inevitable—yet avoidable—financial shortfall continue unabated, it will mean a deadly interruption of treatment for thousands of New Yorkers, and even more nationwide. GMHC has led, and continues to lead, coalitions of national and local organizations in a highly charged battle to secure this much-needed funding at both the federal and state level.

## Censoring Prevention Messages

This year, the federal government has jeopardized sexual health by censoring basic information about how to prevent HIV and AIDS. The current administration is threatening HIV prevention programs that talk frankly about sex with audits by the Office of the Inspector General of the Department of Health and Human Services. Federal policy is strongly encouraging all HIV and AIDS service organizations to adopt an abstinence-only prevention approach. Despite evidence suggesting that such approaches actually jeopardize the health of young people by providing misinformation and stigmatizing the safe and effective use of condoms, the government continues to promote abstinence-only prevention at the expense of more comprehensive solutions. This policy shift flies in the face of recommendations made by leading scientists and public health officials, who clearly advocate a pro-active, respectful, and diverse approach to differing sexual practices demonstrated by the success of agencies like GMHC who use accurate, behavioral science based, and inclusive prevention materials. HIV and AIDS service organizations must not have their prevention efforts stymied by fear of retribution. By labeling provocative prevention messages as "obscene" a resulting chill will no doubt occur, directly threatening the lives of thousands of young people at risk for infection. GMHC will continue the fight it has led against the federal government's restrictive, shortsighted, and ill-informed approach to the safety of our nation's youth.

## Treatment Issues

Our own in-house publication, *Treatment Issues*, provides probing analyses of research data, up-to-date coverage of new and experimental developments in AIDS therapies, life-saving information for people living with HIV and AIDS, and public policy initiatives. Often cited as a leading resource in cutting-edge treatment information, *Treatment Issues*, is mailed monthly to over 13,000 clients, donors, researchers, activists, and other HIV and AIDS professionals around the world. Recent article titles have included: "House of Mirrors in the Virtual ICAAC (Interscience Conference on Antimicrobial Agents and Chemotherapy)," "Patient Care Squeezed by Soaring Drug Prizes," and "Let Nevirapine Do What it Does Best".

## A Global Presence

Staying true to GMHC's commitment to health care access around the world, GMHC capitalized on the success of the *Implementation of Antiretroviral Therapy in the Developing World: Brazil and Beyond* conference by creating and distributing a comprehensive CD-ROM containing the most important and relevant information culled from the conference to key global HIV and AIDS policymakers. In November 2001, GMHC hosted *Monitoring and Diagnostic Tools for the Management of Antiretroviral Therapy in Resource-Poor Settings*, an international conference in New York City principally funded by The Rockefeller Foundation and The National Institutes of Health. The conference addressed the different ways that monitoring and diagnostic technology could be modified and adapted to best suit the needs of developing nations. Highly regarded and well attended by over 100 researchers, advocates, and government officials, the conference is still creating ripples in the international AIDS community with satellite conferences planned for the near future.

Many of GMHC's policy efforts reached a fevered and much publicized pitch at the XIV International AIDS Conference in Barcelona this past summer. GMHC was one of a few select nongovernmental organizations invited to present on our work about HIV and AIDS prevention, service, and advocacy. While there, GMHC led a coalition of national and international



organizations in a protest against the U.S. government's failure to address, in an effective and timely manner, the issues confronting not only New Yorkers with HIV and AIDS, but people living with the disease around the world. GMHC's participation and leadership of this demonstration made local, national, and international headlines. This encounter clearly demonstrated the skill, savvy, and passion that form the foundation of GMHC's legacy of positive change. From grassroots organizing, vocal protestations, intense political lobbying, and strategic legislative bargaining—GMHC has been, and continues to be, on the front lines of HIV and AIDS policy.



## Volunteerism

The Terry K. Watanabe Volunteer Center's cadre of over 7,000 volunteers—ranging in age from 14 to 93 and hailing from nearly 50 countries—continues to make possible the work of our mission. Named for one of GMHC's most prolific supporters, the Watanabe Volunteer Center formalizes GMHC's legacy of participant-centered volunteer training that has made GMHC a recognized and highly respected name in volunteer skills-building and community education. The Watanabe Volunteer Center's primary goals are to train volunteers for the purpose of advancing the agency's mission and to share that training with other community-based organizations locally, nationally, and internationally.

A participant-centered volunteer training program mirrors GMHC's harm-reduction approach to clients—we meet our volunteers *where they are*. The Center engages those interested in a dialogue that focuses on their needs and wants, and then assists them in designing a volunteer experience that works for them. The Center has an esteemed reputation for the training and hands-on experience it provides. In addition, international organizations—like the U.S. Agency for International Development (USAID)—turn to GMHC for technical assistance, as well. In May, four delegates from USAID received training in everything from volunteer management to grassroots organizing. The Center also increased its global impact by offering internships to HIV and AIDS organizations from the former Soviet Union, Ireland, Italy, and Zimbabwe.

## Maximizing and Expanding Resources

The Volunteer Center houses GMHC's expanding Community Education program, which continues to experience a noteworthy spike in requests for workshops, seminars, and other speaking engagements. This increase is as much a result of the New York City Board of Education's mandate that all public schools provide at least six hours of HIV and AIDS education, as it is a reflection of a national movement towards community interaction with service, volunteerism, and education. More and more educational institutions are requiring community service from their students. GMHC is often the first place to which these institutions refer their students, knowing that the GMHC model of volunteer training and community service is successful and rewarding. GMHC hosts over 2,000 students from such esteemed colleges and universities as Harvard, MIT, Princeton, Stanford, and Yale.



## The Addie J. Gutttag Partnership Initiative

Though recently formalized, the efforts of the Addie J. Gutttag Partnership Initiative have long been important threads in all of GMHC's work. The social-service community serves most—and serves best—when we come together to build on our respective strengths. In fiscal year 2002, GMHC strengthened existing partnerships while reaching out to others to create new opportunities to work in coalition. In addition to the partnering work previously mentioned in this report being spearheaded by Women and Family Services, Legal Services and Client Advocacy, and the Watanabe Volunteer Center, GMHC eagerly collaborated with the New York State AIDS Institute and the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA) to utilize our Medicaid license to provide COBRA case management at APICHA. This innovative partnership permits APICHA to expand capacity as an organization that directly serves Asians and Pacific Islanders with an unparalleled linguistic and cultural competence. GMHC is proud to be enhancing the accessibility to quality case management services at APICHA.

In 2001, GMHC welcomed TEACH—Technology Exchange and Capacity-building for Community Health—to our home in the Tisch building. As the lead organization in a federal-, state-, city-, and community-level coalition, GMHC and TEACH provide capacity-building and technology to community-based organizations that provide HIV prevention services to young black and Latino men who have sex with men and women and men of transgendered experience in New York City. Using a community-level, population-specific, peer-based harm reduction model, the TEACH program utilizes both didactic instruction and experiential application to train indigenous members of vulnerable communities.

## Legal Services & Advocacy Department Off-Site Locations

(Ryan White Project)

### Brooklyn (Immigration legal services only)

#### Haitian Centers Council

50 Court Street, Room 1010  
Brooklyn, NY 11201

Site schedule: 3rd Thursday monthly (2–5 pm) — by appointment only

Contact: Andrea Philogene

#### Haitian Women's Program (HWP)

464–466 Bergen Street  
Brooklyn, NY 11217

Site schedule: 2nd Thursday monthly (2–5 pm) — by appointment only

Contact: Martine Barbier

### Bronx (Non-immigration legal services only)

#### Morris Heights Health Center

25 East 153rd Street  
Bronx, NY 10453

Site schedule: 1st and 3rd Thursday monthly — by appointment only

Contact: Patricia Ospina

#### United Bronx Parents, Inc.

96th Precinct Assembly



The events of September 11, 2001, though devastating and tragic, did not dampen the philanthropic spirit of thousands of supporters we depend on to make Gay Men's Health Crisis, and all that we do, a reality. More than 400,000 donations were made over the past fiscal year—a testament to the resolve and courage of a city and nation that refuses to be cowed by terror.

An increase in private receptions—held in the homes of some of our most generous Major Donors—helped significantly in reminding our donor base, and those unfamiliar with our work, that in these trying times more than in any other, support is needed. As a result, membership in our esteemed President's Council increased substantially. In addition, we experienced a phenomenal 20% increase in revenue from corporations and foundations.

Our fundraising efforts throughout fiscal year 2002 were sensitive to current events but no less enthusiastic about the important work being done at GMHC. The centerpiece of the fiscal year, *You Gotta Have Friends III*—a blockbuster event at Carnegie Hall honoring AOL/Time Warner, hosted by Whoopi Goldberg and featuring performances by R.E.M., Jewel, and Sweet Honey In The Rock—served as the official launch of the Addie J. Guttag Partnership Initiative. Raising over \$1 million, the event was a celebration of our success, a commemoration of the 20-year anniversary of HIV and AIDS, and a recommitment to a future of partnering with other community-based organizations to best serve all men, women, and children living with HIV and AIDS.

## Fundraising for the Cause

Both a feat of incredible skill as well as a reflection of the generosity of New Yorkers, our 17th AIDS Walk was one of the most successful in recent years. Tens of thousands of people—both young and old—lined the paths of Central Park to raise over \$4.6 million.

Lastly, GMHC's Board of Directors has reaffirmed its own support—both as donors and fundraising leaders—by approving a board-wide minimum fundraising commitment. Setting a standard of philanthropy, keeping our important work in the public eye, and producing high-end and low-cost events will continue to keep GMHC on the frontlines of the fight against HIV and AIDS.



## A Message from the Treasurer of the Board of Directors

As treasurer of the Board of Directors, donor, and volunteer, I am pleased to report that GMHC continues to operate at the highest levels of efficiency. Our rigorous adherence to maximizing a limited pool of resources to best serve as many people as possible has made us an agency both streamlined and successful. As a result of strategic and savvy cost-reductions—without once sacrificing the services our clients depend on—GMHC is more infrastructurally and fiscally solvent than ever before and completely debt-free for the first time in five years.

The elimination of debt and the concurrent payment of interest are both exceedingly notable achievements, especially now, as the economic climate in New York City and across the country continues to challenge every nonprofit organization to do more with less. Through the sustained efforts of our Development Department—including a remarkably successful AIDS Walk—and the leadership of my colleagues on the Board of Directors, I have every confidence that our financial solidity will help GMHC persevere—and even flourish—during these financially uncertain times.

With combined support and revenue of \$24.7 million—\$13.7 million from private contributions and special events, \$7.9 million from government grants, and the remainder from specific service fees, contributed services, and sales of publications—GMHC recorded a modest surplus for the second year in a row. A strong indication of our efficient use of resources is explicitly borne out by the fact that each dollar cost only 18 cents to raise, and the vast majority of our donors' contributions were directly allocated to client services.

The GMHC Board of Directors continues to invest in the financial and operational infrastructure of GMHC through leadership and support to achieve the highest levels of cost-efficiency with our available private and public resources. We are committed to exploring new sources of revenue that complement our mission while supporting and affirming the changing needs of our clients, thereby sustaining our tradition of leadership, efficacy, and success in the fight against HIV and AIDS.

Thank you for your continued confidence in the fiscal management of GMHC.



James F. Capalino

Treasurer, GMHC Board of Directors



**Mitchell & Titus, LLP**

Certified Public Accountants  
and Consultants

One Battery Park Plaza  
New York, NY 10004-1461  
Tel (212) 709-4500  
Fax (212) 709-4680  
E-mail: newyork\_office@mitchelltitus.com

### INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated statement of financial position of Gay Men's Health Crisis, Inc. ("GMHC") and Affiliates (collectively referred to as the "Organization") as of June 30, 2002, 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 2001 consolidated financial statements, and in our report dated January 25, 2002, 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 GMHC and Affiliates as of June 30, 2002, and the changes in their net assets and their cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

*Mitchell & Titus, LLP*  
New York, New York  
December 23, 2002

**Gay Men's Health Crisis, Inc. and Affiliates**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**June 30, 2002**  
**(With comparative financial information for 2001)**

	<b>2002</b>	<b>2001</b>
<b>ASSETS</b>		
Cash and cash equivalents (Note 2)	\$ 1,797,309	\$ 635,926
Investments	59,182	35,718
Government grants receivable (net of allowance for uncollectible grants of \$100,000 in 2002)	2,391,313	1,479,825
Pledges receivable (net of allowance for uncollectible pledges of \$18,098 in 2002 and \$125,000 in 2001) (Note 3)	1,070,420	1,163,152
Pledges receivable - building fund (Note 3)	75,000	590,000
Other receivables	257,698	102,233
Prepaid expenses and other assets	272,276	287,195
Restricted cash (Note 5)	549,219	533,946
Leasehold improvements, office furniture and equipment, net (Note 4)	9,410,224	10,459,944
Security deposits	686,142	686,142
Total Assets	\$ 16,568,783	\$ 15,974,081
<b>LIABILITIES AND NET ASSETS</b>		
<b>Liabilities</b>		
Accounts payable and accrued expenses	\$ 983,559	\$ 1,381,072
Government contract advances	2,073,708	1,337,499
Loans payable (Note 5)	-	1,169,860
Accrued compensated absences	280,335	241,886
Other liabilities	43,455	43,455
Total liabilities	\$ 3,381,057	\$ 4,173,772
Commitments and contingencies (Notes 7 and 8)		
<b>Net assets</b>		
Unrestricted		
For current operations	\$ 2,195,099	\$ 817,227
Invested in leasehold improvements and equipment	9,410,224	10,459,944
Total unrestricted	11,605,323	11,277,171
Temporarily restricted (Note 9)	1,582,403	523,138
Total net assets	\$ 13,187,726	\$ 11,800,309
Total Liabilities and Net Assets	\$ 16,568,783	\$ 15,974,081

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

**Gay Men's Health Crisis, Inc. and Affiliates**  
**CONSOLIDATED STATEMENT OF ACTIVITIES**  
**For the Year Ended June 30, 2002**  
(With comparative financial information for 2001)

	<u>Temporarily Unrestricted</u>	<u>Restricted</u>	<u>2002</u>	<u>2001</u>
<b>SUPPORT AND REVENUE</b>				
Support:				
Contributions	\$ 5,513,651	\$1,654,764	\$ 7,168,415	\$ 7,363,936
Contributed services and in-kind support	1,632,767	-	1,632,767	1,592,438
Special events, net (Note 6)	5,859,012	-	5,859,012	5,262,852
Other income	-	645,257	645,257	-
Government contracts	7,874,484	-	7,874,484	6,794,489
Total support	<u>20,879,914</u>	<u>2,300,021</u>	<u>23,179,935</u>	<u>21,013,714</u>
Investment income, net	17,831	-	17,831	30,785
Rental income (Note 7)	534,023	-	534,023	268,331
Third party reimbursement	879,540	-	879,540	873,483
Publication sales and HIV testing	45,343	-	45,343	50,999
Other	59,618	-	59,618	294,097
Total revenue	<u>22,416,269</u>	<u>2,300,021</u>	<u>24,716,290</u>	<u>22,531,410</u>
Net assets released from restrictions:				
Expiration of time restriction	811,552	(811,552)	-	-
Restrictions satisfied by performance	429,204	(429,204)	-	-
Total net assets released from restrictions	<u>1,240,756</u>	<u>(1,240,756)</u>	<u>-</u>	<u>-</u>
Total support and revenue	<u>23,657,025</u>	<u>1,059,265</u>	<u>24,716,290</u>	<u>22,531,410</u>
<b>EXPENSES</b>				
Program services:				
Care and support	9,542,972	-	9,542,972	9,102,536
Prevention and education	6,070,530	-	6,070,530	5,378,022
Public policy, information and advocacy	2,536,336	-	2,536,336	2,588,504
Total program services	<u>18,149,838</u>	<u>-</u>	<u>18,149,838</u>	<u>17,069,062</u>
Supporting services:				
Management and general (Note 2):				
Program	1,059,884	-	1,059,884	510,631
Real estate	171,729	-	171,729	159,775
Total management and general	<u>1,231,613</u>	<u>-</u>	<u>1,231,613</u>	<u>670,406</u>
Fundraising	3,947,422	-	3,947,422	4,589,916
Total expenses	<u>23,328,873</u>	<u>-</u>	<u>23,328,873</u>	<u>22,329,384</u>
Change in net assets	328,152	1,059,265	1,387,417	202,026
Net assets at beginning of year, as previously reported	11,277,171	523,138	11,800,309	17,125,730
Prior period adjustment	-	-	-	(5,527,447)
Net assets at beginning of year, as restated	<u>11,277,171</u>	<u>523,138</u>	<u>11,800,309</u>	<u>11,598,283</u>
Net assets at end of year	<u>\$ 11,605,323</u>	<u>\$1,582,403</u>	<u>13,187,726</u>	<u>\$ 1,800,309</u>

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

**Gay Men's Health Crisis, Inc. and Affiliates**  
**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**  
**For the Year Ended June 30, 2002**  
**(With comparative financial information for 2001)**

	Program Services			Supporting Services				2002	
	Care and Support	Prevention and Education	Public Policy, Information and Advocacy	Total	Management and General Program	Real Estate	Fund-Raising		
<b>Personnel and Volunteer Services</b>									
Staff compensation	\$ 4,017,395	\$ 2,895,073	\$ 952,437	\$ 7,864,905	\$ 140,941	\$ -	\$ 635,770	\$ 776,711	\$ 8,441,617
Employee benefits and payroll taxes	815,426	435,850	137,661	1,388,937	22,528	-	102,292	124,320	1,513,757
Contributed services	936,255	628,116	46,038	1,610,409	17,400	-	4,959	22,359	1,632,768
<b>Total personnel and volunteer services</b>	<b>5,769,076</b>	<b>3,759,039</b>	<b>1,136,136</b>	<b>10,664,251</b>	<b>180,869</b>	<b>-</b>	<b>743,021</b>	<b>923,890</b>	<b>11,588,141</b>
<b>Other than Personnel Costs</b>									
Professional fees and contract service	841,728	485,956	419,974	1,747,658	74,497	-	1,648,531	1,723,028	3,470,586
Postage and shipping	29,298	27,859	88,107	144,264	721	-	317,483	318,204	462,468
Telephone	54,608	64,437	19,072	138,167	1,238	-	13,708	14,946	153,113
Occupancy	1,082,544	604,714	119,152	1,806,410	13,177	82,197	97,125	192,499	1,998,909
Supplies	76,495	74,831	19,245	169,571	3,202	-	21,062	24,264	193,835
Printing	69,645	52,180	88,163	209,988	192	-	320,579	320,771	530,759
Equipment rental and maintenance	87,919	63,465	19,054	170,438	4,492	-	-	-	174,930
Memberships and subscriptions	21,544	2,407	94,637	118,588	310	-	26,520	31,012	201,450
Staff and volunteer training and support	20,433	61,982	1,021	83,436	2,314	-	268	578	119,166
Meetings	230	198	29,593	30,021	457	-	640	2,954	86,390
Travel and related costs	19,448	71,402	119,342	210,192	1,638	-	27,414	27,871	57,892
Marketing and promotion	5,905	74,822	12,988	93,715	36	-	114,842	116,480	326,672
Staff and volunteer recruitment	2,609	370	531	3,510	284	-	33,652	33,688	127,403
Food and related costs	300,301	-	-	300,301	-	-	4,050	4,334	7,844
Grants to other organizations	4,155	208	210,459	222,322	923	-	-	923	300,301
Direct financial aid to clients	95,123	-	-	95,123	-	-	-	923	223,745
Insurance	104,508	68,187	17,479	190,174	1,233	2,594	6,771	10,598	95,123
Real estate and other taxes	111,529	62,001	11,976	185,505	1,216	22,828	10,295	34,339	200,772
Interest	37,624	19,683	6,579	63,886	2,334	-	5,439	69,325	219,844
Bad debt	109,983	195,007	37,148	342,138	746,320	-	3,105	746,320	1,250,033
Miscellaneous	-	-	-	-	12,454	-	502,258	514,712	856,850
<b>Total other than personnel costs</b>	<b>3,074,628</b>	<b>1,028,759</b>	<b>1,321,520</b>	<b>6,325,907</b>	<b>867,037</b>	<b>107,619</b>	<b>3,148,303</b>	<b>4,122,959</b>	<b>10,448,866</b>
<b>Total expenses before depreciation and amortization</b>	<b>8,843,704</b>	<b>5,688,798</b>	<b>2,457,656</b>	<b>16,990,158</b>	<b>1,047,907</b>	<b>107,619</b>	<b>3,891,324</b>	<b>5,046,850</b>	<b>22,037,008</b>
Depreciation and amortization	699,268	381,732	78,680	1,159,680	11,977	64,110	56,098	132,185	20,998,125
<b>Total expenses</b>	<b>\$ 9,542,972</b>	<b>\$ 6,070,530</b>	<b>\$ 2,536,336</b>	<b>\$ 18,149,838</b>	<b>\$ 1,059,884</b>	<b>\$ 171,729</b>	<b>\$ 3,947,422</b>	<b>\$ 5,179,035</b>	<b>\$ 23,328,873</b>

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



**Gay Men's Health Crisis, Inc. and Affiliates**  
**CONSOLIDATED STATEMENT OF CASH FLOWS**  
**For the Year Ended June 30, 2002**  
(With comparative financial information for 2001)

	2002	2001
Cash flows from operating activities:		
Change in net assets	\$ 1,387,417	\$ 202,026
Prior period adjustment		(5,527,447)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,291,865	1,331,259
Forgiveness of debt	(734,615)	-
Bad debt	745,202	125,000
Net realized losses (gains) on investments	1,118	(1,441)
(Increase) decrease in government grants receivable	(1,045,744)	3,850,218
Increase in pledges receivable	(393,214)	(32,459)
(Increase) decrease in other receivables	(155,465)	315,736
Decrease in prepaid expenses and other assets	14,919	47,018
Decrease in accounts payable and accrued liabilities	(37,898)	(663,631)
Increase in government contract advances	736,209	1,337,499
Increase in accrued compensated absences	38,449	29,293
Decrease in other liabilities	-	(224,590)
Net cash provided by operating activities	1,848,243	788,481
Cash flows from investing activities:		
Deposit to restricted cash	(15,273)	(22,865)
Purchases of term endowment investment	(24,582)	-
Proceeds from sale of term endowment investment	-	13,846
Capital expenditure	(242,145)	(299,127)
Net cash used in investing activities	(282,000)	(308,146)
Cash flows from financing activities:		
Proceeds from contributions receivable - building fund	515,000	440,698
Borrowings under line-of-credit agreement and term note	-	2,600,000
Repayments under line-of-credit agreement and term note	(919,860)	(4,188,467)
Net cash used in financing activities	(404,860)	(1,147,769)
Net increase (decrease) in cash and cash equivalents	1,161,383	(667,434)
Cash and cash equivalents at beginning of year	\$ 635,926	\$ 1,303,360
Cash and cash equivalents at end of year	\$ 1,797,309	\$ 635,926
Supplemental disclosure of cash flow information:		
Cash paid during the year for interest	\$ 69,325	\$ 345,021

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

## NOTE 1. MISSION AND ORGANIZATIONAL STRUCTURE:

### Organization's Structure

The accompanying consolidated financial statements of Gay Men's Health Crisis, Inc. and Affiliates (collectively referred to as the "Organization") include the financial statements of three affiliated 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

All inter-organizational balances and transactions have been eliminated in consolidation.

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 11,000 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. GMHC provides a broad array of programs through the efforts of several trained volunteers and professional staff.

### 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, uses direct contact with legislators and communications to members of the general public who are concerned about the governmental response to AIDS.

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.

### GMHC Health Services, Inc.

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

### Program Services

GMHC's program services include the following:

- The Office of Program Management – directs and manages all services provided in program Services ensuring **programmatically accountability**, effectiveness, and integration; develops new programs and sources of funding to meet additional needs in response to the changing epidemic; ensures the continued delivery of all existing services and monitors the quality of those services; and works with the Executive Director, Program Committee of the Board of Directors and the full Board of

Directors to keep them informed of all services provided and secure their approval for all new services, changes in services, and annual budgets.

**Care & Support Services** – helps HIV positive people maintain and improve their health and independence through a continuum of psychosocial support services.

**Access and Assessment** – registers, screens and assesses new clients; creates a service plan addressing client needs; and connects clients to early engagement case management and adult mental health support services and/or refers/links them to other agency services.

**The Treatment Education Program** – offers individual counseling, educational workshops, forums and seminars, fact sheets in English and Spanish, and a Treatment Library with Internet access to relevant medical information.

**The Buddy Program** – utilizes volunteers to provide emotional support and to help clients who are too sick to perform basic chores or errands.

**Group Services** – offers several different support groups on a weekly basis for persons living with HIV/AIDS and their significant others.

**Intensive Case Management** – provides ongoing help to HIV positive clients with multiple and complex problems and provides a safety net for those at high risk for losing essential services and resources.

**The Life Steps Program** – provides support in obtaining and keeping housing, peer support, group and individual counseling, socialization activities and harm reduction services to HIV positive clients living in unstable housing.

**The Learning Center** – helps arrange scholarships at local schools and universities and provides classes on site.

**The Meals Program** – provides meals throughout, and in collaboration with the Nutrition and Wellness Program, works to ensure the success of HIV treatments, which are dependent on proper diet and adherence to complicated regimens.

**The Nutrition and Wellness Program** – provides individual counseling, nutrition clinics, cooking classes, exercise classes, and a range of complementary therapies such as reiki, acupuncture and massage for HIV positive clients.

**Legal Services and Client Advocacy** – advocates for the fair treatment of people living with HIV/AIDS. Each year it provides free legal assistance to clients offering direct representation and advice on a variety of complex HIV/AIDS-related legal issues. Client Advocates assist clients in accessing government benefits and entitlements, in obtaining government supported and private health insurance, and assessing financial issues related to housing, employment, and insurance. Each year the Client Advocacy helpline answers questions from thousands of callers.

In addition, most of the Care and Support Services listed above provide/participate in a diverse array of panel presentations, workshops, forums, outreach, and technical assistance locally, nationally, and internationally and produce materials free to the public.

**Prevention and Education Services** – reach thousands of persons a year and focus on high risk populations, utilizing targeted, culturally appropriate messages. Most services are available to the general public regardless of serostatus.

- The HIV Prevention Department – provides services for gay and bisexual men. These programs include:
  1. Gay Gotham – a multi-cultural outreach program of gay men coming together to act on and raise greater consciousness of HIV prevention and gay men's health.
  2. House of Latex – a youth and young adult outreach program that offers sexual health counseling, referrals, group and volunteer opportunities to GLBTQ youth affiliated with the house and ball community.
  3. Proyecto PAPI – by and for Latino gay and bisexual men "creating spaces" for a healthier future.
  4. Soul Food – by and for black gay and bisexual men who practice same sex desire.
  5. Gay Men's Counseling and Education (GMHE) – sexual health counseling, topical workshops, and discussion groups.
  6. Substance Use Counseling and Education (SUCE) – harm-reduction based individual and group counseling services that focus on substance use and its role in sexual decision making.

- **Women and Family Services** – provides culturally appropriate outreach education and support services for women and families at risk for and living with HIV/AIDS. Programs include:
  1. **Women In Action/Mujeres In Accion** – targets HIV positive women with current and past history of chemical dependency.
  2. **The Child Life Program** – seeks to strengthen family systems through concrete and educational services, including a food pantry, nutritional counseling, parenting and other skills-building workshops.
  3. **The Lesbian AIDS Project (LAP)** – offers educational workshops, forums, and community presentations, as well as individual counseling, groups and social events for lesbian and bisexual women.
- **Hotline and A-Team** – the hotline provides anonymous HIV related information, education, referrals and emotional support to thousands of callers annually. While the majority of callers are from the New York metropolitan area, the Hotline is accessible throughout the U.S. by means of a toll-free 800 number. The Hotline Online email service responds to emails, making use of the same active listening and counseling skills that work so successfully for our callers. The A-Team is a walk-in counseling service for those in crisis. Experienced Hotline volunteers provide one-on-one counseling and referrals as needed.
- **The Terry K Watanabe Volunteer Center** – effectively recruits, trains, supervises and supports volunteers who work throughout GMHC, as well as foster internships and training. The Volunteer Center also shares expertise in volunteer management and provides technical assistance to other service organizations locally and abroad.
- **David Geffen Center for HIV Prevention and Health Education** – provides easily accessible confidential HIV and syphilis testing, pre-test and post-test counseling, information and other services related to sexual health; supports continued risk reduction behavior by all clients regardless of their serostatus; and facilitates access to early intervention information and treatment for those who are HIV positive.

#### Public Policy, Information, and Advocacy

Twenty years of providing direct services and education have given GMHC a unique familiarity with the needs of people with AIDS, 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 on 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.

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

#### Basis of Accounting

The accompanying consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America for non-profit organizations.

#### 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 require the assets to be maintained permanently by the Organization. The Organization currently does not have any permanently restricted net assets.

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 are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

#### Cash and 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.

The Organization maintains its cash in a number of bank accounts. The cash in these accounts from time to time exceeds the Federal Deposit Insurance Coverage and subjects the Organization to concentration of credit risk. However, the Organization monitors this risk on a regular basis.

#### Investments

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

#### Grants and Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted, depending on the existence and/or nature of any donor restrictions.

All donor restricted support is reported as an increase in temporarily restricted or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

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, Office Furniture and Equipment

Leasehold improvements, office furniture and equipment are recorded at cost or, in the case of gifts, at appraised value at the date of the gift.

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. 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 combined statement of functional expenses in the expense caption, which reflects the nature of the gift.

#### Government Contracts

Revenue from government contracts is recognized when reimbursable expenses are incurred under the terms of the contracts. Contract payments in excess of qualified expenses are accounted for as contract advances.

#### 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 are made.

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.

#### Accounting Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America 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 2001 comparative information. With respect to the consolidated statement of activities, such prior year information is not presented by net asset class and, in the combined statement of functional expenses, 2001 expenses by object are presented in total rather than by functional category. Accordingly, such information should be read with the Organization's 2001 consolidated financial statements from which the summarized information was derived.

**NOTE 3. PLEDGES RECEIVABLE:**

Pledges receivable, including multi-year commitments, were discounted to net present values using a discount rate of 8.5%. The commitments for 2002 and 2001 are as follows:

	2002	2001
Less than one year	\$ 822,802	\$ 520,760
One to five years	405,000	1,431,000
Total	1,227,802	1,951,760
Less unamortized discount	(64,284)	(73,608)
Less allowance for uncollectible contributions receivable	(18,098)	(125,000)
Total pledges receivable, net	\$ 1,145,420	\$ 1,753,152

**NOTE 4. LEASEHOLD IMPROVEMENTS, OFFICE FURNITURE AND EQUIPMENT:**

Leasehold improvements, office furniture and equipment consist of the following:

	2002	2001
Leasehold improvements	\$ 14,331,966	\$ 14,270,706
Furniture and equipment	3,348,608	3,167,724
	17,680,574	17,438,430
Less accumulated depreciation and amortization	8,270,350	6,978,486
Leasehold improvements, office furniture and equipment, net	\$ 9,410,224	\$ 10,459,944

Depreciation and amortization expenses for the years ended June 30, 2002 and 2001 amounted to \$1,291,865 and \$1,331,259 respectively.

**NOTE 5. LOANS PAYABLE:**

Loans payable consist of the following:

	2002	2001
Loan from board member's estate (a)	\$ ----	\$ 1,000,000
Term loan and note (b)	----	169,860
	----	1,169,860
Less current portion	----	(169,860)
Noncurrent portion	\$ ----	\$ 1,000,000

(a) In July 1997, GMHC 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. In May 2002, GMHC paid \$750,000 towards the relinquishment of the loan outstanding at June 30, 2001. The balance of \$250,000 and the accrued interest of \$484,615 was forgiven and has been recognized as a contribution in the current year's financial statements. The donor has placed a time restriction of five years on the contribution.

(b) In October 1997, GMHC entered into a loan agreement with two financial institutions to provide a \$3,350,000 term loan to finance the remaining capital expenditures related to leasehold improvements. The term loan expired on December 31, 2002 but was repaid in full prior to June 30, 2002. GMHC has a \$4,000,000 line of credit to support seasonal working capital needs. As of June 30, 2002, there was no outstanding balance on the line of credit. On March 15, 2002, the financial institutions extended the expiration date of the line of credit to January 1, 2003.

**Restricted Cash**

The financial institutions require the Organization to maintain a cash collateral account to secure existing obligations and the line of credit. At June 30, 2002 and 2001, \$549,219 and \$533,946, respectively, were in the separate restricted account.

**NOTE 6. SPECIAL EVENTS:**

Special events are reported net of costs of direct benefits to donors of \$308,563 and \$17,497 for the years ended June 30, 2002 and 2001, respectively.

**NOTE 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
2003	\$ 1,408,000
2004	1,464,000
2005	1,522,000
2006	1,583,000
2007	1,771,000
Thereafter	10,008,000
	<u>\$ 17,756,000</u>

Rent expense for the years ended June 30, 2002 and 2001 was approximately \$1,404,754 and \$1,275,613, 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
2003	\$ 237,000
2004	244,000
2005	252,000
2006	260,000
2007	270,000
Thereafter	1,428,000
	<u>\$ 2,691,000</u>

**NOTE 8. LITIGATION:**

The Organization is a defendant in a number of legal actions. While the final outcome cannot be determined at this time, management is of the opinion that the ultimate liability if any, from the final resolution of these matters will not have a material effect on the Organization's financial statements. Management has, however, made a provision of \$125,000.

**NOTE 9. TEMPORARILY RESTRICTED NET ASSETS:**

Temporarily restricted net assets are available for the following time and program purposes:

Periods after June 30, 2002	\$ 1,304,839
Specific grant program:	277,564
Client programs	<u>\$ 1,582,403</u>



The GMHC Board of Directors (L to R): Eric C. Rudin, Hal Moskowitz, Ron Martin, Didi Charney, *Secretary*, William F. McCarthy, *Chair*, Reverend Rosetta E. Dubois-Gadson, Dee Livingston, M.S.W., C.S.W., John E. Colón, Richard F. Ferrari, Ellen Baer, Robert L. Miller Jr., Ph.D., C.S.W., James F. Capalino, *Treasurer*, Kendall Thomas, *Vice-Chair*, Lawrence N. Van Valkenburgh, Moisés Agosto, John T. Green.

Not pictured: Alex Carballo-Dieguez, Ph.D., Elaine Ehrlich, William S. Floyd, Thaddeus Grimes-Gruczka, Jeffrey L. Humber, Thomas F. Morgan III, Sheila Stainback, Joe Steele, Troy P. Suarez, Ph.D., Joan Tisch (*ex officio*), Vaughn Williams.

## Where our money goes



**Gifts and Grants  
Fiscal Year 2002  
July 1, 2001–  
June 30, 2002**

**With Special Appreciation** The Board of Directors, staff, clients, and volunteers of Gay Men's Health Crisis gratefully acknowledge the generosity of individuals, foundations, and corporations who have contributed to the support of the agency during fiscal year 2002. Names with an asterisk indicate members of GMHC's Friends for Life annual giving campaign. Names in *italics* are Friends for Life Best Friends, donors who have increased their gift this past fiscal year by 25% or more. Names in **bold** are members of GMHC's President's Council.

**\$100,000+**

AOL Time Warner Inc.  
Estate of Jordan Mayro  
**The Michael Palm Foundation**  
Philip Morris Companies Inc.  
The Rockefeller Foundation  
**Joan and Bob Tisch**  
**Henry van Ameringen**  
**Terry K. Watanabe Charitable Trust**

**\$50,000–\$99,999**

CFDA  
Chartwell Charitable Foundation  
**Paul G. De Vido**  
**Barry Diller and Diane Von Furstenberg**  
**Fiona and Stanley Druckenmiller**  
**Agnes Gund**  
**Rita J. and Stanley H. Kaplan Family Foundation, Inc.**  
**Calvin Klein**  
**The New York Community Trust–Hayes Family Fund**  
May and Samuel Rudin Family Foundation, Inc.  
Verizon Foundation  
Vivendi Universal Fund

**\$25,000–\$49,999**

Agouron Pharmaceuticals, Inc.  
**Joseph Arena and Dr. Thomas D'Eletto**  
Bertelsmann, Inc.  
Bloomberg L.P.  
Bristol-Myers Squibb  
Broadway Cares/Equity Fights AIDS  
Edgar Bronfman, Jr.  
Cablevision Systems Corporation  
Center for Health Care Strategies  
Cravath, Swaine & Moore  
**Phil Donahue and Marlo Thomas**  
**Mitzi and Warren Eisenberg Family Foundation**  
FJC  
Ford Foundation  
Foundation for Treatment of Children with AIDS  
The Gap/Old Navy Clothing Company/  
Banana Republic  
**The David Geffen Foundation**  
**Peter R. Gimbel and Elga Andersen-Gimbel Memorial Trust**  
**Judith and John Hannan**

GracoSmithKline

**Connie and Harvey Krueger**  
**Donna Field and Michael Krasnoff**  
M.A.C. Cosmetics and the M.A.C. AIDS Fund  
**William F. McCarthy and Jonathan Burleson**  
**The Curtis W. McGraw Foundation**  
**Page and Otto Marx, Jr. Foundation**  
The Overbrook Foundation  
**Judith and Samuel Peabody**  
**Leslie Fay Pomerantz**  
in memory of Alex Weinberg and Nigel Baraud  
Raymond Family Foundation  
Roche and Trimeris  
**Fiona and Eric Rudin**  
The Schnurmacher Foundations  
United Way of New York City  
United Way of Tri-State  
USA Networks  
**Lawrence N. Van Valkenburgh**  
Viacom International Inc.  
Warner Music Group Services

**\$10,000–\$24,999**

Anonymous (4)  
ABC, Inc. Foundation  
Anheuser-Busch Companies, Inc.  
The Frances and Benjamin Benatson Foundation\*  
Peter and Kelly Boari\*  
James F. Capalino\*  
Margaret Burden Childs\*  
in memory of Jeffrey Childs and Robert Woolley  
Kenneth Cole  
The Cowles Charitable Trust  
Design Industries Foundation Fighting AIDS  
William W. Donnell\*  
Milton R. Gottlieb  
Michael J. Greenberg\*  
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**The Helene Foundation**  
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American Express Company  
Adrian and Jassie Archbold Charitable Trust  
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Boehringer Ingelheim  
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*Jeffrey A. Borror\**  
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Fuller Foundation Inc.\*  
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The Howard Gilman Foundation  
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The Marks Family Foundation\*  
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Ortho Biotech  
Albert Penick Fund\*  
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Presidio International  
Louis and Harold Price Foundation, Inc.\*  
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*Carol A. Prugh\**  
*Carolyn and Stephen Reidy\**  
Leila J. Richards\*  
Robinson Lerer & Montgomery  
Lois Rosenthal\*  
**Salomon Smith Barney**  
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Scholastic, Inc.  
M.M. Schwebel  
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The Starry Night Fund\*  
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William E. Vastardis  
The Video Industry AIDS Action Committee  
Rafael Vinoly\*  
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*Mrs. Elliot Bernstein\**  
John N. Blackman, Sr. Foundation\*  
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Dale Booner and Lisa Stamm\*  
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Goldman, Sachs & Co  
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Nan and Ed Perell\*  
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*Ralph Polese & Seung — Won Kim\**  
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 Bob Taylor  
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## Partners in Planning

Members of Partners in Planning have informed GMHC of their legacy plans. We gratefully applaud their foresight.

Anonymous (2)  
 Richard Alleman  
 William Ayers  
 Chaplain and Mrs. Barbara Barone  
 Mr. and Mrs. William F. Bertner  
 Lester Bowman  
 William J. Boyd  
 Alan Brodherson  
 Bruce S. Bromley  
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 Erwin G. Gonzalez, M.D.  
 Dr. Sally Graham  
 Jesse D. Greenberg, M.D.  
 Richard M. Haber  
 Lynn E. Hand  
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 Charles Richard Hunderup  
 Syde Hurdus

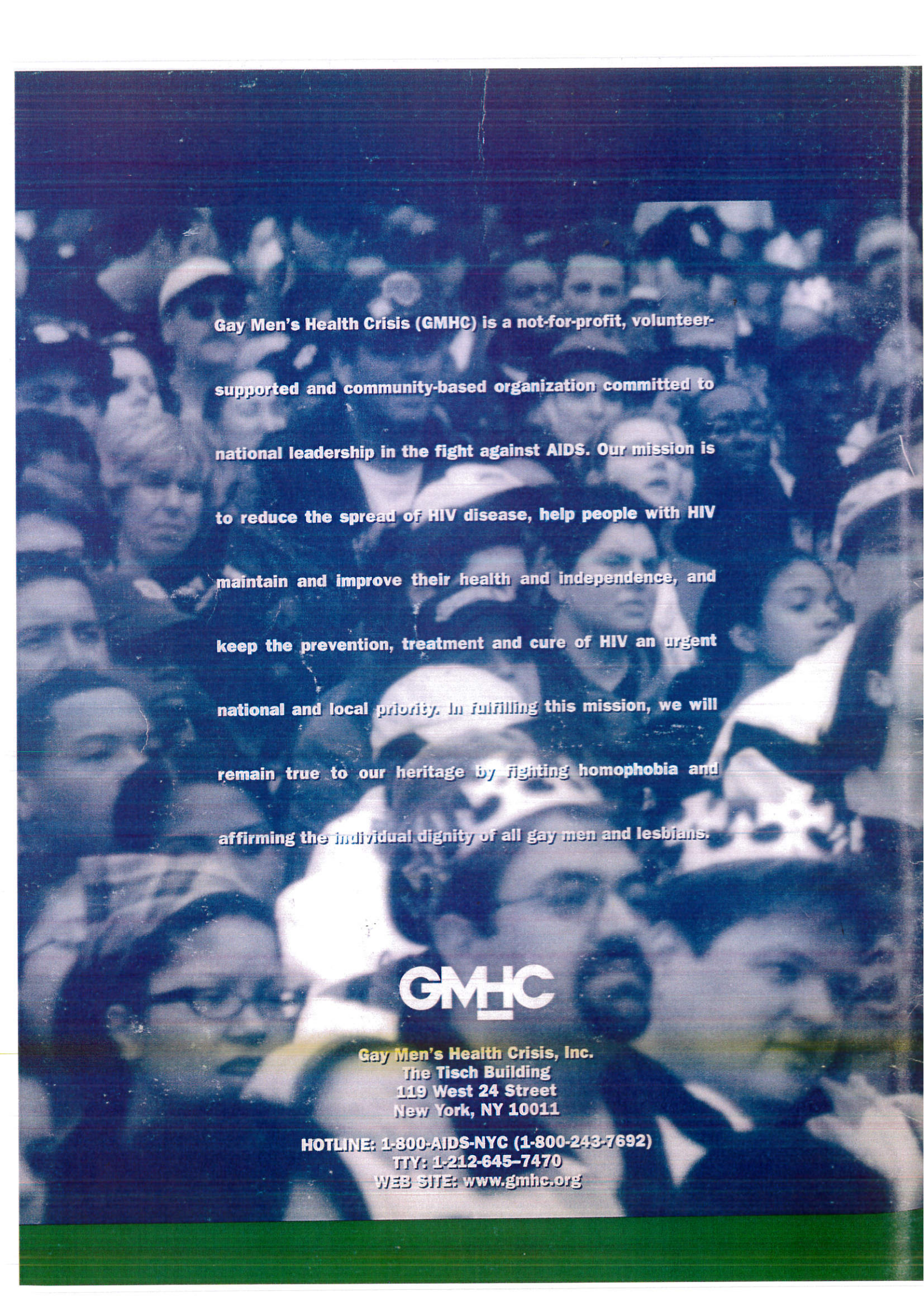
**Text by** Matthew Montelongo

**Design by** Adam Zachary Fredericks

**Photos by** Donna Aceto, Noel Alicea, Paul O. Colliton,  
Adam Zachary Fredericks, Sylvane Gabourny,  
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Scott Stearns

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**Gay 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.**

**GMHC**

**Gay Men's Health Crisis, Inc.  
The Tisch Building  
119 West 24 Street  
New York, NY 10011**

**HOTLINE: 1-800-AIDS-NYC (1-800-243-7692)  
TTY: 1-212-645-7470  
WEB SITE: [www.gmhc.org](http://www.gmhc.org)**