

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the	e 2020 calendar year, or tax year beginning	and	ending				
В	Check if applicabl	C Name of organization			D Employer identifi	cation number		
	Addre	ss GAY MEN'S HEALTH CRISIS, INC.						
	Name				13-3130146			
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	ır		
F	Final	307 WEST 38TH STREET	ivorou to otroot udurosoj	Troom, suito	(212) 367-10			
	⊥return. termir ated	· •	ZIP or foreign postal code		G Gross receipts \$	23,240,634.		
Х	_ ^ ~ ~ ~ ~		en or foroigh poolar codo		H(a) Is this a group re			
	Application	F Name and address of principal officer: KISHF	ANI MORENO		for subordinates			
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in			
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) (◄ (insert no.)	or 527	1	list. See instructions		
		te: WWW.GMHC.ORG	(H(c) Group exemption			
			sociation Other >	L Year		M State of legal domicile: NY		
	art I	Summary				<u> </u>		
	1	Briefly describe the organization's mission or most	significant activities: GMHC,	INC. FIGH	HTS TO END THE			
Governance		AIDS EPIDEMIC AND UPLIFT THE LIVES OF						
na.	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net as	sets.		
Ş.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	16		
		Number of independent voting members of the gov				16		
ο S	5	Total number of individuals employed in calendar y				216		
iţie	6	Total number of volunteers (estimate if necessary)				1500		
Activities &	7 a	Total unrelated business revenue from Part VIII, col				0,		
_	b	Net unrelated business taxable income from Form				0.		
					Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)			24,211,381.	22,530,743.		
Ž	9	Program service revenue (Part VIII, line 2g)	rogram service revenue (Part VIII, line 2g)					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,515.	5,845.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		264,562.	-1,539,602.		
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		26,337,728.	21,500,023.		
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		4,186,950.	1,895,645.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		13,485,731.	11,306,087.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		264,982.	196,583.		
X	. b	Total fundraising expenses (Part IX, column (D), line	e 25) > 910,	766.				
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			10,890,461.	10,483,583.		
		Total expenses. Add lines 13-17 (must equal Part I)			28,828,124.	23,881,898.		
_	19	Revenue less expenses. Subtract line 18 from line	12		-2,490,396.	-2,381,875.		
s or	3			Ве	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)			18,687,192.	19,548,247.		
Net Assets or	21	Total liabilities (Part X, line 26)			13,334,826.	16,952,599.		
Ž	22	Net assets or fund balances. Subtract line 21 from	line 20		5,352,366.	2,595,648.		
	art II	Signature Block						
	•	Ilties of perjury, I declare that I have examined this return,				y knowledge and belief, it is		
true	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	nas any knowledge.			
C:	_	Signature of officer			I Date			
Sig		MICHEAL HESTER, CFO			2410			
Hei	е	Type or print name and title						
		Print/Type preparer's name	Preparer's signature	1	Date Check C	PTIN		
Pai	d	SCOTT THOMPSETT	i roparor o olynature		if			
	parer	Firm's name GRANT THORNTON LLP			self-employ	36-6055558		
	Only	Firm's address 757 THIRD AVENUE, 4TH FL	OOR		I IIIII 3 LIIV			
200	J,	NEW YORK, NY 10017-2013			Phone no.212	-599-0100		
Ma	y the II	RS discuss this return with the preparer shown above	ve? See instructions		1. 710110 110.	X Yes No		

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	GAY MEN'S HEALTH CRISIS, INC (GMHC) IS A VOLUNTEER-SUPPORTED,	
	COMMUNITY-BASED ORGANIZATION COMMITTED TO NATIONAL LEADERSHIP IN THE	
	FIGHT AGAINST AIDS. GMHC FIGHTS TO END THE AIDS EPIDEMIC AND UPLIFT	
	THE LIVES OF ALL AFFECTED. (SEE SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$10,825,909. including grants of \$1,895,645.) (Revenue \$	503,037.
	CARE AND SUPPORT - CARE COORDINATION SERVICES INCLUDE THE AGENCY	
	INTAKE, TRANSITIONAL CARE COORDINATION, HOUSING ASSISTANCE AND HEALTH	
	HOMES SERVICES. THESE SERVICES ALL AIM TO COMPREHENSIVELY AND	
	COLLABORATIVELY ASSESS THE CLIENTS' NEEDS, LINK THE CLIENTS TO RELEVANT	
	AND APPROPRIATE CARE AND THEN TO COORDINATE THAT CARE TO ENSURE	
	RETENTION AND THE BEST POSSIBLE HEALTH OUTCOMES. STAFF REGULARLY	
	COORDINATE CARE WITH MEDICAL DOCTORS, FAMILY MEMBERS, MENTAL HEALTH	
	PRACTITIONERS, SUBSTANCE ABUSE COUNSELORS, LAWYERS, NUTRITIONISTS,	
	LANDLORDS, AND OTHER SUPPORT PROFESSIONALS AS NEEDED. (SEE SCHEDULE O)	
	4 (00 225	0 \
4b	(Code:) (Expenses \$4,689,325. including grants of \$0.) (Revenue \$	0.
	PREVENTION SERVICES TO CLIENTS LIVING WITH HIV AND AIDS AND THOSE AT-RISK FOR HIV AND STI INFECTION. THE DEPARTMENT SEEKS TO ENSURE THAT	
	CLIENTS LIVING WITH HIV/AIDS AND UNAWARE OF THEIR STATUS HAVE ACCESS TO	
	HEALTH CARE AND SUPPORTIVE SERVICES AND THAT CLIENTS WHO ARE HIV	
	NEGATIVE OR AT-RISK HAVE ACCESS TO PREVENTION SERVICES. THE DEPARTMENT	
	PROVIDES THE FOLLOWING SERVICES INCLUDING HIV, SYPHILIS, GONORRHEA, AND	
	CHLAMYDIA TESTING, LINKAGE TO CARE SERVICES, ACCESS AND REFERRAL TO	
	PRE-EXPOSURE PROPHYLAXIS (PREP) (SEE SCHEDULE 0)	
	THE DISCONDITION THE TIME TO THE POSITION OF	
40	(Code:) (Expenses \$	0.)
	PUBLIC POLICY, INFORMATION AND ADVOCACY - THE LEGAL AND ADVOCACY	
	DEPARTMENT PROVIDES LEGAL, ADVOCACY AND SHORT-TERM RENTAL ASSISTANCE TO	
	CLIENTS WHO ARE HIV POSITIVE. THE PROGRAM PROVIDES A RANGE OF LEGAL	
	SERVICES INCLUDING IMMIGRATION, BANKRUPTCY, HOUSING, AND ENTITLEMENT	
	ASSISTANCE. THE ADVOCACY DEPARTMENT PROVIDES ADVOCACY SERVICES FOR	
	CLIENTS HAVING ISSUES WITH ENTITLEMENTS SUCH AS SOCIAL SECURITY,	
	DISABILITY, HEALTH INSURANCE, HOUSING, AND OTHER ENTITLEMENTS. THE	
	SHORT-TERM RENTAL ASSISTANCE PROGRAM PROVIDES RENTAL ASSISTANCE AND	
	CASE MANAGEMENT SERVICES TO INDIVIDUALS WITH A HISTORY OF HOMELESSNESS	
	OR WHO ARE CURRENTLY HOMELESS AND NEED ASSISTANCE WITH RENTAL PAYMENT,	
	BROKER'S FEES, AND SECURITY DEPOSITS TO SECURE AFFORDABLE AND SAFE	
	HOUSING. (SEE SCHEDULE O)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 16,351,749.	
		Form 990 (2020)

13-3130146

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J		5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_		110		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	21	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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22 IV Part IX. courinn (A). line 2" if "Yes," complete Schedule i, Parts I and III 23 IV the organization expert "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III 24 IV and the organization has a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002" If "Yes," answer lines 24 through 24d and complete Schedule K. If "No." go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the december 31, 2002" If "Yes," answer lines 24 through 24d and complete Schedule K. If "No." go to line 25a 25a Section 50(16)(3), 501(4), 4 and 501(2)(29 organization. But has a refunding escrow at any time during the year? 25a Sections 50(16)(3), 501(4), 4 and 501(2)(29 organizations. But the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b IV the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations of both organization person in a prior year, and that the transaction has not been reported on any of the organization spot or 990E27 If "Yes," complete Schedule I, Part II 25b IV the organization person any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of member of any of these persons? If "Yes," complete Schedule I, Part III 26b IV Wes the organization expense persons II "Yes," complete Schedule I, Part III 27c View Was the organization expense persons II "Yes," complete Schedule I, Part III 28c View the organization		i (continued)		Yes	No
Part N. Column (Al, line 27 if "ves." complete Schedule I, Parts I and III 20 Did the organization shares" "yes" to Part VIII. Scientin A. line 3.4 or 55 shoot compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 21 Did the organization have a tax-exempt bonds save with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 22 Schedule K. If "No," go to line 25s 23 Did the organization invest any proceeds of tise-exempt bonds beyond a temporary period exception? 24c 25d Did the organization marks an escrow account other than a retunding escrow at any time during the year 0 defease any tax-evempt bonds? 25d Did the organization nearest an escrow account other than a retunding escrow at any time during the year 0 defease any tax-evempt bonds? 25d Did the organization available as in "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization available as in "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization available of the organization engage is an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any engage if make year of the organization engage is an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any engage if make year of year if year, "complete Schedule I. Part II is defeated by the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of raminy member of any or these persons? If "Yes, "complete Schedule I. Part II is intraction, for applicable filing thresholds, conditi	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
22 Dit the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensated employees? If "Yes," complete Schedule J 23 X			22	х	
and former officers, directions, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the way at axexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b	23				
Die the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", to b line 25a					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was sixed after December 31,2002? If Y'es," answer lines 240 through 24d and complete Schedule K. If 'No.', 'go to line 25a		Schedule J	23	Х	
Schedule K. If "No.", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501c(3), 501c(4)4, and 501c(29) organizations. Did the organization end as an access benefit transaction with a disqualified person during the year? 25a Section 501c(3), 501c(4)4, and 501c(29) organizations. Did the organization endage in an excess benefit transaction with a disqualified person during the year? 25b If the organization access the exemption of the organization endage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 900 or 900-E27; If "Yes," complete Schedule L, Part I I Schedule L, Part II and the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% or controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b X 27c Told the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity for lamp and the part of the assistance to any current or former officer, director, fuse thereof, or family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 27d X 28b L A substantial contributor or employee thereof, or grantial member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV 28c L A S9S controlled entity of one or more individualis and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule I, Pa	2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year" 24d 25a Section 50(16), 50(16), 40 (16), 40 and 50 (16)/29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year" 8 (17 kg, 17 kg, 17 kg, 18		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ages in a excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I 259 List the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I 260 Did the organization provide a grant or other assistance to any controlled entity of controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part II 270 Did the organization provide a grant or other assistance to any current or former officer, director, fusitee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or a family member of any of these persons? If "Yes," complete Schedule L, Part III 271 X 272 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 273 Yes," complete Schedule L, Part IV 274 A Canadity and an employee thereof or family member of any individual described in line 288? If "Yes," complete Schedule L, Part IV 275 A Sa Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 276 A San Yes, "complete Schedule L, Part IV 277 A Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 276 A Schedule N, Part II 277 A Did the organization or l					X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(c/3), 501(c/4), and 501(c/23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 259 Is the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? 250 Is the organization aware that the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 260 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 271 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or genipose thereofy or family member of any of these persons? If "Yes," complete Schedule L, Part IV 272 Is a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 273 Is a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 284 Is a family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 285 Is a schedule I, Part IV 286 Is a schedule I, Part IV 286 Is a schedule I, Part IV 287 Is a family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV 288 Is a schedule I, Part IV 289 Did the organization receive more than \$255,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 280 Is the organization sell, exchange, dispose of, or transfer more than \$256,001 in lens 28a or 28b? If "Yes," complete Schedule I		-	24b		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Sactino 101(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a	С		24c		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 // 11" yes, 'complete Schedule L, Part I // 25b Ut the organization report any amount on Part X, line 6 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II // 27	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // **Yes," complete Schedule I, Part I // ** 25b ID the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? // **Yes," complete Schedule L, Part II // ** 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? // **Yes," complete Schedule L, Part II // ** 28 Was the organization and prior y to a business transaction with one of the following parties (see Schedule L, Part II // ** 28 Was the organization or prior officer, director, frustee, key employee, creator or founder, or substantial contributor? // // ** 29 A current of former officer, director, frustee, key employee, creator or founder, or substantial contributor? // // ** 29 Yes," complete Schedule L, Part IV // ** 28 A family member of any individual described in line 28a? // **Yes," complete Schedule L, Part IV // ** 29 Did the organization receive more than \$25,000 in non-cash contributions? // **/Yes," complete Schedule M // ** 29 Did the organization receive more than \$25,000 in non-cash contributions? // **/Yes," complete Schedule M // ** 29 Did the organization selected contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // **/Yes," complete Schedule N, Part I // ** 30 Did the organization inquidate, terminate, or dissolve and cease operations? // **/Yes," complete Schedule N, Part I // ** 31 Did the organization organization selected organization receive any payment from	2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37			_36		Х
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains are required to complete Schedule O contains a response or note to any line in this Part V The schedule O contains are required to complete Schedule O contains a response or note to any line in this Part V The schedule O contains are required to complete Schedule O contains and Tax Complete Schedule O contains and Tax Complete Schedule O contains are reported to any line in this Part V The schedule O contains are required to contains a response or note to any line in this Part V The schedule O contains are required to contains a response or note to any line in this	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains are required to complete Schedule O contains and Tax Compliance The schedule O contains a response or note to any line in this Part V The schedule O contains are required to complete Schedule O contains and Tax Compliance The schedule O contains are required to complete Schedule O contains and Tax Compliance The schedule O contains are required to complete Schedule O contains and Tax Compliance The schedule O contains are required to contains and Tax Compliance The schedule O contains are required to contains and Tax Compliance The schedule O contains are require		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 217 b Ib 0 Ta 217 Ta 1c X	Par				
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 217 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_			Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Enter the Hamber reported in Box 6 of Ferm reces. Enter 6 in Not applicable			
(gambling) winnings to prize winners?		Enter the number of Forms w-2d included in line 1a. Enter-0-11 not applicable			
99,9	C		10	х	
	032004				(2020)

Form 990 (2020) GAY MEN'S HEALTH CRISIS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	216			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	•			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country		(FD 4 D)			
						Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
				30		
ou				6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra					X
_						
п 8				/n		
0	enongering examination have exceen hydrogon hydrogon hydrogon to any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the control in a control in the control of the			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	If "No" to line 3b, provide an explanation on Schedule O ganization have an interest in, or a signature or other authority over, a a bank account, securities account, or other financial account)? ▶ EN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). x shelter transaction at any time during the tax year? 5a at it was or is a party to a prohibited tax shelter transaction? be Form 8886:T? ce Form 8886:T? pts that are normally greater than \$100,000, and did the organization solicit as charitable contributions? contributions under section 170(c). Sign and partly as a contribution and partly for goods and services provided to the payor? for the value of the goods or services provided? se dispose of tangible personal property for which it was required for indirectly, to pay premiums on a personal benefit contract? for indirectly, to pay premiums on a personal benefit contract? for advised funds. Did a donor advised fund maintained by the holdings at any time during the year? r advised funds. solid cistributions under section 4966? ution to a donor, donor advisor, or related person? do no Part VIII, line 12 10a 11b 11a 11a 11b 11a 11b 11a 11b 11b 11				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
				13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the constitution and the constitution of the first state of the constitution of th			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section $\$1,000,000$ in $\$1,000,000$ in remuned the section $\$1,000,000$ in $\$$					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			_	000	(0000)

GAY MEN'S HEALTH CRISIS, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

0	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			ı	ا ۽ دا		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the				
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	· · · · · · · · · · · · · · · · · · ·				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	-	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," d	escribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				
	taxable entity during the year?			.	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	id 990	-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy,	and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	MICHAEL HESTER - 212-367-1000 307 WEST 38TH STREET NEW YORK NY 10018						
	SUZ MESTE STEP STEPRETE DIEM VODK NV TIILIX						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss per	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KELSEY LOUIE	50.00	-							_	
CEO	2.00			Х				254,074.	0.	17,851.
(2) KISHANI MORENO	50.00	-							_	
COO	2.00			Х				154,249.	0.	20,316.
(3) RHONDA HARRIS	50.00	-							_	
VP PEOPLE OPERATIONS & COM	2.00					Х		155,960.	0.	14,950.
(4) LYNETTE FORD	50.00	-								
VP - PROGRAMS	2.00					Х		153,182.	0.	9,062.
(5) MICHAEL HESTER	50.00	-								
VP - FINANCE	2.00		_	Х				135,512.	0.	19,501.
(6) POUL E. OLSEN	50.00	-								
CHIEF COMM & DEV OFFICER	2.00					Х		118,285.	0.	4,947.
(7) ADEEL AHMED	50.00	-								
MANAGING DIRECTOR, ACCTG	2.00		_			Х		122,022.	0.	137.
(8) DAVID FERREIRA	50.00	-								
MANAGING DIRECTOR, FIN PLAN	2.00					Х		112,235.	0.	7,915.
(9) EDWARD ACKERMAN	2.00	-							_	
VICE CHAIR AND AUDIT CHAIR	2.00	Х	_					0.	0.	0.
(10) RONALD DODD	2.00								_	
DIRECTOR	2.00	Х	_					0.	0.	0.
(11) JULIE FINK	2.00								_	
DIRECTOR (THRU 12/2020) (12) JONATHAN MALLOW	2.00	Х						0.	0.	0.
CHAIR	2.00	х						0.	0.	,
(13) JOSHUA MACHIZ	2.00	Λ						0.	٠.	0.
SECRETARY AND CO-CHAIR	2.00	Х						0.	0.	_
(14) TIMOTHY MARTIN	2.00	Λ						0.	0.	0.
TREASURER AND FINANCE CHAIR	2.00	Х						0.	0.	0.
(15) JOSEPH NEESE	2.00		\vdash	\vdash	\vdash			1	· · ·	· ·
DIRECTOR (THRU 12/2020)	2.00	х						0.	0.	0.
(16) DEBORAH HUGHES	2.00				\vdash			· · · · · · · · · · · · · · · · · · ·	••	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(17) DAVID KLEINBERG	2.00							· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u> </u>
DIRECTOR	2.00	х						0.	0.	0.
								<u> </u>	1	Form 990 (2020)

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Part VII Section A. Officers, Directors, Tru (A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	Posi heck i	ition more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JACK PIERSON	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(19) JASON WU	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(20) ARIEL WENGROFF	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(21) JAESOON CHOI	2.00									
CO-CHAIR	2.00	Х						0.	0.	0.
(22) EDWARD FOGARTY	2.00									
CO-CHAIR	2.00	Х						0.	0.	0.
(23) TYLER HELMS	2.00									
GOVERNANCE CHAIR	2.00	Х						0.	0.	0.
(24) JAQUES CERAN	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(25) JAVIER MUNOZ	2.00									
DIRECTOR	2.00	Х						0.	0.	0,
(26) MARQUISE VILSON	2.00]								
DIRECTOR	2.00	Х						0.	0.	0.
1b Subtotal							>	1,205,519.	0.	94,679.
c Total from continuation sheets to Part	/II, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·	<u></u> .	<u></u>		<u></u>			1,205,519.	0.	94,679.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within	i the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
COMPUTER ORANGE, 301 YAMATO ROAD, SUITE	2 3 3 3 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 2 3 1 1 1 1	- Compondation
4130, BOCA RATON, FL 33431	IT SERVICES	208,000.
MZA EVENTS INC., 3550 WILSHIRE BLVD # 890,		
LOS ANGELES, CA 90010	FUNDRAISING	196,583.
GRANT THORNTON LLP, 33570 TREASURY CENTER,		
CHICAGO, IL 60694-3500	ACCOUNTING	188,105.
CREATIVE STRATEGIES		
1838 2ND AVENUE, NEW YORK, NY 10128	CONSULTANT	110,750.
2 Total number of independent contractors (including but not limited to those listed	a above) who received more than	

Form **990** (2020)

\$100,000 of compensation from the organization

Form 990 (2020) GAY MEN'S 1
Part VIII Statement of Revenue

		Check if Schedule O contains a re	esponse o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1:	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b					
S S			1c	2,421,709.				
fts,			1d					
ij gi				14,943,227.				
ns, Sirr		3 1 1	1e	14,545,227.				
utio er (1	f All other contributions, gifts, grants, and		E 16E 907				
ĕŧ		··· F	1f	5,165,807.				
ont	•	-	1g \$		22 520 742			
O g		n Total. Add lines 1a-1f			22,530,743.			
		MENTANE DENEMAL C		Business Code	E02 02F	502 025		
ce	2 8	a TENANT RENTALS		531110	503,037.	503,037.		
ervi	ŀ	·						
S	•	c						
ran Sev	•	d						_
Program Service Revenue	•	e						
<u>-</u>	1	f All other program service revenue						
		g Total. Add lines 2a-2f			503,037.			
	3	Investment income (including dividend	ds, intere	st, and				
		other similar amounts)			5,845.			5,845.
	4	Income from investment of tax-exemp						
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	a Gross rents 6a						
		b Less: rental expenses 6b						
		Rental income or (loss)						
		d Net rental income or (loss)		•				
		` '	curities	(ii) Other				
		assets other than inventory 7a						
		b Less: cost or other basis						
Φ	•	and sales expenses 7b						
her Revenue		Gain or (loss) 7c						
ě		d Net gain or (loss)						
F.		a Gross income from fundraising events (no						
	0.	including \$ 2,421,709.						
Ò		contributions reported on line 1c). See						
		•	I	0.				
		Part IV, line 18						
		Less: direct expenses		1,710,011.	-1,740,611.			-1,740,611.
		Net income or (loss) from fundraisingGross income from gaming activities.		·····	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_,,10,011.
	9 8							
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming active	vities					
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
\rightarrow	(Net income or (loss) from sales of inve	entory	>				
က္				Business Code				
e e	11 a	MISCELLANEOUS REVENUE		900099	201,009.			201,009.
Miscellaneous Revenue	ŀ	b						
cell Seve	(·						
Ais	(d All other revenue						
	•	Total. Add lines 11a-11d			201,009.			
	12	Total revenue. See instructions			21,500,023.	503,037.	0.	-1,533,757.

032009 12-23-20

13-3130146

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D	Check if Schedule O contains a respon	(A)	his Part IX(B)	(C)	(D)
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21	94,407.	94,407.		
	rants and other assistance to domestic				
inc	dividuals. See Part IV, line 22	1,801,238.	1,801,238.		
3 Gr	rants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
5 Co	ompensation of current officers, directors,				
tru	ustees, and key employees	426,937.	286,500.	119,887.	20,55
6 Co	empensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
7 Otl	ther salaries and wages	8,260,672.	5,501,104.	2,351,041.	408,52
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	103,114.	74,702.	24,870.	3,54
	ther employee benefits	992,888.	719,309.	239,470.	34,109
	ayroll taxes	1,522,476.	1,102,975.	367,199.	52,30
	ees for services (nonemployees):				
	anagement				
	egal	54,228.		54,228.	
	counting	247,432.		247,432.	
	bbbying	64,697.	64,697.	,	
	ofessional fundraising services. See Part IV, line 17	196,583.	,		196,58
	vestment management fees	,			,
	ther. (If line 11g amount exceeds 10% of line 25,				
_	lumn (A) amount, list line 11g expenses on Sch O.)	711,346.	340,940.	370,406.	
	dvertising and promotion	75,521.	24,287.	156.	51,078
	ffice expenses	249,287.	142,517.	101,706.	5,06
		372,293.	140,128.	232,165.	
	formation technology	0.2,250.	110,120.		
	oyalties	5,632,176.	3,843,492.	1,720,470.	68,21
	ccupancy	14,411.	7,604.	6,367.	440
	avel	11,111.	7,004.	0,307.	
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	12 004	2 025	11 050	
	onferences, conventions, and meetings	13,084.	2,025.	11,059.	
	terest	198,769.		198,769.	
	ayments to affiliates	F00 200	400.003	166 105	7 20
	epreciation, depletion, and amortization	582,298.	408,993.	166,105.	7,20
	surance	170,700.	125,901.	40,577.	4,22
abo line	her expenses. Itemize expenses not covered ove (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A)				
D 7	nount, list line 24e expenses on Schedule 0.)	071 030	000 400		40 441
· =	AD DEBT	871,838.	823,423.	102 054	48,41
~ <u>-</u>	ACILITIES OPERATION	481,664.	282,650.	193,854.	5,16
· 57	DOD & RELATED COSTS	377,066.	364,570.	10,405.	2,09
· —	RECT PROGRAM EXPENSE	163,195.	140,302.	22,893.	2.00
	l other expenses	203,578.	59,985.	140,324.	3,26
	tal functional expenses. Add lines 1 through 24e	23,881,898.	16,351,749.	6,619,383.	910,76
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
edu	ucational campaign and fundraising solicitation.				
Che	eck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X Balance Sheet

Par	tΧ	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	ny line in this Part X	(A)	T	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	1,500.	1	1,500		
	2	Savings and temporary cash investments	893,765.	2	2,402,09		
	3	Pledges and grants receivable, net			6,955,620.	3	7,670,083
	4	Accounts receivable, net			1,725,380.	4	627,19
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
		controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
္ပ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	5			4,493,251.	9	4,639,88
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	11,894,105.			
	b	Less: accumulated depreciation	10b	7,686,616.	4,617,676.	10c	4,207,489
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			18,687,192.	16	19,548,24
	17	Accounts payable and accrued expenses			4,307,794.	17	3,738,61
	18	Grants payable				18	
	19	Deferred revenue			1,089,399.	19	1,432,52
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ູ	22	Loans and other payables to any current or fo					
E		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons				22	
Ĕ	23	Secured mortgages and notes payable to unr	elated thi		4,000,000.	23	4,351,359
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			3,937,633.	25	7,430,098
	26	Total liabilities. Add lines 17 through 25			13,334,826.	26	16,952,599
		Organizations that follow FASB ASC 958, c	heck her	re 🕨 🗓			
se		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			4,665,040.	27	1,758,936
Bal	28	Net assets with donor restrictions			687,326.	28	836,712
힡		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
로		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,352,366.	32	2,595,648
-	33	Total liabilities and net assets/fund balances			18,687,192.	33	19,548,247

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,	500,	023.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,	881,	898.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	381,	875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	352,	366.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	374,	843.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	595,	648.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2020)

032012 12-23-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

מאע אובא'פ עבאו דע כפדפדפ דאכ

Employer identification number

_			N 2 UEWPIU CKI2					13-3130140
Ра	rt I	Reason for Public C	charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
Γhe	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C		•	•	, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Х	An organization that normal	-					nublic described in
•		section 170(b)(1)(A)(vi). (Co	-	itiai part of its support ii	om a gove	on in the state of	ant or from the general p	pablic accorded in
8		A community trust describe	•	1VAVvil (Complete Der	+ II \			
	\vdash	·				ad in aanii	unation with a land grant	collogo
9		An agricultural research org				-	-	•
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of the college	eor
		university:	. (4)					
10		An organization that normal						
		activities related to its exem		· · · · · · · · · · · · · · · · · · ·				*
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•			
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization					• •	•
d		Type III non-functionally		·				zation(s)
		that is not functionally into	•					. ,
		requirement (see instructi	-		•		•	
е		Check this box if the orga	·	-				
·		functionally integrated, or					Type i, Type ii, Type iii	
f	Ento	r the number of supported o		iany integrated supporting	ng organiz	ation.		
'		ide the following information		d organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	No	support (see instructions)	support (see instructions)
				above (see instructions))	1.00	110		
_								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		<u>-</u>				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 20.0	(2) 23	(0) = 0.10	(4,) = 0.10	(0) = 0 = 0	(1) 1 0 101
•	membership fees received. (Do not						
	include any "unusual grants.")	21,533,678.	20,926,139.	23,577,948.	24,211,381.	22,530,742.	112,779,888.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21,533,678.	20,926,139.	23,577,948.	24,211,381.	22,530,742.	112,779,888.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						112,779,888.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	21,533,678.	20,926,139.	23,577,948.	24,211,381.	22,530,742.	112,779,888.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	381,004.	9,437.	1,511.	1,515.	5,845.	399,312.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	514,981.	2,879,221.	2,022,800.	2,067,086.	201,009.	7,685,097.
11	Total support. Add lines 7 through 10						120,864,297.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	503,038.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					>
<u>Se</u>	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	93.31 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	92.37 %
16a	a 33 1/3% support test - 2020. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				> X
k	o 33 1/3% support test - 2019. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts	-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pul	olicly supported or	ganization		▶□
k	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	mstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
3c		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
0-		
9c		
10a		
401-		
10b		

	Continued)			$\overline{}$
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		i
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

	Type in Non-Functionally integrated 509	artor capporting orga	ilizations (continu	uea)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2016 AMOUNT: \$ 196,536.
2017 AMOUNT: \$ 133,955.
2018 AMOUNT: \$ 187,119.
2019 AMOUNT: \$ 264,562.
2020 AMOUNT: \$ 201,009.
FUNDRAISING
2016 AMOUNT: \$ 315,162.
2017 AMOUNT: \$ 2,745,266.
2018 AMOUNT: \$ 1,835,681.
2019 AMOUNT: \$ 1,802,524.
LIST RENTALS
2016 AMOUNT: \$ 3,283.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

	GAY MEN'S HEALTH CRISIS, INC.	13-3130146					
Organization type (chec	·						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation					
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	•					
Special Rules							
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, coutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amound the Lez, line 1. Complete Parts I and II.	or 16b, and that received from					
contributor, du literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributi is checked, ent purpose. Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \]						
•	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo	· · · · · · · · · · · · · · · · · · ·					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

GAY MEN'S HEALTH CRISIS, INC.

13-3130146

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIF + +	\$\$ 544,733.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 3	Trainity additions, and Early 1	\$\$_2,113,935.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* 4,210,513.	Person X Payroll

Name of organization

Employer identification number

GAY MEN'S HEALTH CRISIS, INC.

13-3130146

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* \$ 557,718.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	S	Person Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

Employer identification number

GAY MEN'S HEALTH CRISIS, INC.

13-3130146

Partii	(see instructions). Use duplicate copies of Part I	i it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Name of or	rganization			Employer identification number
GAY MEN'	S HEALTH CRISIS, INC.			13-3130146
Part III	Exclusively religious, charitable, etc., contributifrom any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line er charitable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of git	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gi	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of git	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of git	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4) (5) or (6) organizations: Complete Part III.

Name of org	anization	iono. compieto i ait iii.		Empl	oyer identification number	
	GAY MEN'S HEALTH CRISIS, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.					
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 org	ganization.	
2 Politica	l campaign activity expendit	ation's direct and indirect politic ures gn activities		▶ \$		
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).		
	•	incurred by the organization un		> \$		
2 Enter tr	ne amount of any excise tax	incurred by organization manag	ers under section 4955			
		n 4955 tax, did it file Form 4720				
	describe in Part IV.				res No	
Part I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(c)(3).	
1 Enter th		by the filing organization for se				
		ization's funds contributed to o	•			
exempt	function activities			▶\$		
3 Total ex	cempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	,		
line 17b)			▶\$		
4 Did the	filing organization file Form	1120-POL for this year?			Yes No	
made p contrib	ayments. For each organiza	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organize a separate political organize	zation's funds. Also enter the anization, such as a separate	amount of political	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 GAY 1					130146 Page 2
Part II-A Complete if the organiz	ation is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check ▶ ☐ if the filing organization b	elongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share of e	xcess lobbying e	expenditures).			
B Check ▶ if the filing organization c	hecked box A ar	nd "limited control" pro	visions apply.		1
Limits on (The term "expenditure	Lobbying Expers" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (g	grassroots lobbying)		64,697.	0.
b Total lobbying expenditures to influence				0.	0.
c Total lobbying expenditures (add lines 1	a and 1b)			64,697.	0.
1.00				23,817,201.	0.
e Total exempt purpose expenditures (add	l lines 1c and 1d)		23,881,898.	0.
f Lobbying nontaxable amount. Enter the			n columns.	1,000,000.	0.
If the amount on line 1e, column (a) or (b) is	: The lob	bying nontaxable ame	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	00 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter 25	,			250,000.	0.
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-			0.	
i Subtract line 1f from line 1c. If zero or les	,		•	0.	
j If there is an amount other than zero on	either line 1h or l	line 1i, did the organiza	tion file Form 4720	-	
reporting section 4911 tax for this year?					Yes No
(Some organizations that m	ade a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all o	f the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.			
c Total lobbying expenditures	100,286.	70,883.	66,668.	64,697.	302,534.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures	101,532.	70,883.	66,668.	64,697.	303,780.			

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	ction		
501(c)(6).	00 1(0)(0	,,, 0. 00			
			Yes	N	
		4			
Were substantially all (90% or more) dues received nondeductible by members?		<u>1</u>			
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year?	2 5), or sec		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5 "No" OR (2 3 5), or sec (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year? on 501(c)(5 "No" OR (2 3 5), or sec (b) Part		3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	ne prior year? on 501(c)(5 "No" OR (2 3 5), or sec (b) Part		3, is	
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ne prior year? on 501(c)(5 "No" OR (2 3 5), or sec (b) Part 1 2a 2b 2c 3 4 5	III-A, line	3, is	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GAY MEN'S HEALTH CRISIS, INC.

Employer identification number

13-3130146

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			. .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simi	ar Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	following that	make siç	gnificar	nt use of its	•	ĺ	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	n's exem	npt pur	oose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia		•						_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:			_				
									Amoun	t	
С	Beginning balance							;			
d	Additions during the year							1			
е	Distributions during the year										
f	Ending balance						11	<u> </u>	_		
	Did the organization include an amount on Fo						ty?	L	_ Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Fai	TV Endowment Funds. Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Thre	e years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
Ť	Administrative expenses										
g	End of year balance		/!: 4		<u> </u>						
2	Provide the estimated percentage of the curre	•	`	j, column (a))) neid as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С	<u> </u>	6									
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of the percentage	•	tion that	t ara bald an	ad administav	ad far th		ization			
Sa	Are there endowment funds not in the posses	Sion of the organiza	uon ma	i are rielu ai	iu auministen	eu ior trie	e orgai	lization		Voc	No
	by: (i) Unrelated organizations								3a(i)	Yes	No_
									3a(ii)		
h	(ii) Related organizations	ione lieted as requir	ed on So	hedule R2							
4	Describe in Part XIII the intended uses of the								CD		
	t VI Land, Buildings, and Equipme		WITIOTIC I	arido.							
	Complete if the organization answered	"Yes" on Form 990). Part IV	. line 11a. S	see Form 990.	. Part X. I	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumul	ated	(d) Boo	k valu	e
	Land	- '	,		` '	-1					
b	Buildings										
	Leasehold improvements			2	,296,344.		16	9,281.	2	,127,	063.
d	Equipment				,369,905.			2,924.		,596,	
	Other				,227,856.			4,411.		483,	
	I. Add lines 1a through 1e. (Column (d) must ed		X. colum					-	4	,207,	
	2 (Solution (a) Most Co			,=,, 1115 1				-			

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 GAY MEN S HEALTH (CRISIS, INC.	1.	3-3130146 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H) Total (Col. (h) must squal Form 000, Part V soil (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	- Faura 000 Dart IV line	11 - Coo Forms 000 Port V line 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(b) Method of Valuation. Cool of Circ	Tor your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Goot offit goo, Faith, into re.	(b) Book value
(1)	<u> </u>		. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Pook value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) DEFERRED RENT AND RENT INCENTIVES			1 600 016
(2)			4,682,246.
(3) PAYCHECK PROTECTION FORGIVABLE LOAN			2,747,852.
(4)			
(5)			
(8)			
(9)		.	7 /30 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line			7,430,098.
2. Liability for uncertain tax positions. In Part XIII, provide t			· —
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere it the text of the foothote has been pro	ovided in Part XIII 🔼

032053 12-01-20

Par	Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line		nue per Return.	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		······	
	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities			
c d	Recoveries of prior year grants Other (Describe in Part VIII.)			
	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	
3				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	A 1.11: A 1.41		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I. line 12.)			
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		; Part V, line 4; Part X, line 2; Part X	ΧI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
PART	X, LINE 2:			
	,			
FIN	48			
THE	ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTI	NG FOR		
UNCE	RTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX		
חשם	RN INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO	ONTELON AND		
KETO	NN, INCHODING 1550E5 REDAIING TO FINANCIAL STATEMENT RECO	SNIIION AND		
MEAS	UREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	AN		
UNCE	RTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLID	ATED		
	_	_		
FINA	NCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT	TO BE		
SUST	AINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING A	JTHORITY.		
THE	ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TEC	HNICAL		
MERI	TS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT	THE TAX		
POSI	TION MAY BE CHALLENGED.			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

GAY MEN'S	HEALTH CRISIS, INC.				13-313014	6	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	ed funds through any of the following and solicitates and solicitates are solicitated by the following and solicitates are solicitated by the following and solicitates are solicitated by the following are solicitated by the followi	tion of tion of fundra (includ	non-governaising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
MZA EVENTS, INC - 3550		Yes	No				
WILSHIRE BLVD, ROOM 1012, LOS	EVENT PLANNING		Х	2,152,990.	196,583.	1,956,407.	
			.:	2,152,990.	196,583.	1,956,407.	
3 List all states in which the organization or licensing.					it is exempt from re	gistration	
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,H ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,W.		IV,NH,	NJ, N.	M,NY,NC			
ND , OH , OK , OK , IA , KI , BC , IN , OI , VA , W.	A, WV , WI						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Г	rt I	of fundraising event contributions and gro	-		The state of the s	
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
Revenue			AIDS WALK	SPRING GALA	4	col. (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	2,160,560.	180,383.	80,766.	2,421,709.
_	2	Less: Contributions	2,160,560.	180,383.	80,766.	2,421,709.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		10,600.	281,823.	1,740,611.
	10	Direct expense summary. Add lines 4 through	. ,		>	1,740,611.
Ds	11 rt I					-1,740,611.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		\$10,000 0111 0111 000 EZ, III10 0d.		(b) Pull tabs/instant		(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
_	En:	to the state(s) is which the examination condu	rata gamina activitias			
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			rear?	Yes No
	_					
	_					
032082 11-25-20 Schedule G (Form 990 or 990-EZ) 2020						

Sch	edule G (Form 990 or 990-EZ) 2020 GAY MEN'S HEALTH CRISIS, INC.	13-3130146	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		40-	07
	The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party \$\bigs\\$		
,	c If "Yes," enter name and address of the third party:		
•	7 in Tes, enternance and address of the tillid party.		
	Name ►		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
	birector/officer Employee independent contractor		
47	Manufatana diakilia diama		
	Mandatory distributions:		
á	s the organization required under state law to make charitable distributions from the gaming proceeds to		<u> </u>
	retain the state gaming license?	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(T)	NAME OF FUNDRAISER: MZA EVENTS, INC		
(1 /	NAME OF FUNDRAISER: MAR EVENIS, INC		
(I)	ADDRESS OF FUNDRAISER:		
355	0 WILSHIRE BLVD, ROOM 1012, LOS ANGELES, CA 90010		
SCH	EDULE G, PART II		
DUE	TO THE COVID-19 PANDEMIC, THE GAY MEN'S HEALTH CRISIS WAS REQUIRED		
	PIVOT FROM IN-PERSON EVENTS TO VIRTUALLY HELD EVENTS. THE		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
GAY MEN'S HEAL		IC.					13-3130146
Part I General Information on Grants ar							
1 Does the organization maintain records to							
criteria used to award the grants or assist	tance?						Yes No
2 Describe in Part IV the organization's pro							
Grants and Other Assistance to E	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization	•	(c) IRC section			(f) Method of	(a) December of	(h) Dumasa of super
or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HARLEM UNITED COMMUNITY AIDS CENTER INC 306 MALCOLM X BLVD							
- NEW YORK, NY 10027	13-3461695	501/C)/3)	5,000.	0.			COMMUNITY PARTNER PROGRAM
- NEW TORK, NI 10027	13-3401093	501(0/(5/	3,000.	0.			COMMUNITY FARTNER PROGRAM
HYACINTH AIDS FOUNDATION, INC 317 GEORGE ST # 203							
NEW BRUNSWICK, NJ 08901	22-2648820	501(C)(3)	48,771.	0.			COMMUNITY PARTNER PROGRAM
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501(C)(3)	6,928.	0.			COMMUNITY PARTNER PROGRAM
AMERICAN RUN FOR THE END OF AIDS 2350 BROADWAY #1016 NEW YORK, NY 10024	13-3307748	501(C)(3)	5,480.	0.			COMMUNITY PARTNER PROGRAM
CAMP VIVA (FAMILY SERVICES OF WESTCHESTER) - 2975 WESTCHESTER AVE,SUITE 401 - PURCHASE, NY 10577	13-1773419	501(C)(3)	14,304.	0.			COMMUNITY PARTNER PROGRAM
NEW YORK CITY AIDS MEMORIAL PO BOX 23 NEW YORK, NY 10159	61-1632107	501(C)(3)	8,922.	0.			COMMUNITY PARTNER PROGRAM
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations	-						7.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYC GAY MEN'S CHORUS							
PO BOX 250844							
NEW YORK, NY 10025	13-3082072	501(C)(3)	5,000.	0.			COMMUNITY PARTNER PROGRAM
	1						
							<u> </u>

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.	•	-			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHORT TERM RENTAL ASSISTANCE PROGRAM	234	1,801,238.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GMHC ONLY PROVIDES FINANCIAL SUPPORT TO DOMESTIC S	SECTION 501(C)	(3) PUBLIC			
CHARITIES THAT SHARE ITS BROAD MISSION OF SERVICIN	IG THOSE IMPAC	CTED BY HIV			
AND AIDS. ALL GRANTEES ARE REQUIRED TO PROVIDE GM	MHC WITH AN AN	NUAL REPORT			
THAT DETAILS HOW ALL GRANTED FUNDS ARE EXPENDED, F	OR WHAT PURPO	SE, TO WHAT			
CHARITABLE CLASS AND HOW THOSE EXPENDITURES FURTHE	RED (AND WAS	CONSISTENT			
WITH) THEIR CHARITABLE MISSION.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

GAY MEN'S HEALTH CRISIS, INC.

Employer identification number 13-3130146

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (4958-6/c)?	a		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) KELSEY LOUIE	(i)	254,074.	0.	0.	7,919.	9,932.	271,925.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KISHANI MORENO	(i)	154,249.	0.	0.	5,161.	15,155.	174,565.	0.
coo	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RHONDA HARRIS	(i)	155,960.	0.	0.	5,018.	9,932.	170,910.	0.
VP PEOPLE OPERATIONS & COM	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LYNETTE FORD	(i)	153,182.	0.	0.	1,350.	7,712.	162,244.	0.
VP - PROGRAMS	(ii)	0.	0.	0.	0.	0.	0,	0,
(5) MICHAEL HESTER	(i)	135,512.	0.	0.	0.	19,501.	155,013.	0,
VP - FINANCE	(ii)	0.	0.	0.	0.	0.	0,	0,
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

2020

Open to Public

► Attach to Form 990 or 990-EZ. Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** GAY MEN'S HEALTH CRISIS, INC. 13-3130146 REASON FOR AMENDING THE FORM 990 THE GAY MEN'S HEALTH CRISIS IS AMENDING THE FORM 990 TO REFLECT THE MOST ACCURATE FINANCIAL INFORMATION. THE PREVIOUS FORM 990 WAS FILED PRIOR TO THE ISSUANCE OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS; THIS FORM 990 REFLECTS THE FINAL AUDITED FINANCIAL STATEMENT NUMBERS GENERAL STATEMENT ABOUT COVID-19'S IMPACT ON GMHC IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK OF A NOVEL CORONAVIRUS ("COVID-19") AS A PANDEMIC, WHICH CONTINUES TO SPREAD THROUGHOUT THE UNITED STATES. THE COVID-19 PANDEMIC IS HAVING A BROAD IMPACT ON COMMERCE AND FINANCIAL MARKETS AROUND THE WORLD. THE EXTENT OF THE IMPACT OF COVID-19 ON THE ORGANIZATION'S OPERATIONAL AND FINANCIAL PERFORMANCE WILL DEPEND ON CERTAIN DEVELOPMENTS. INCLUDING THE DURATION AND SPREAD OF THE OUTBREAK, WHICH AT PRESENT CANNOT BE DETERMINED. ACCORDINGLY. THE EXTENT TO WHICH COVID-19 MAY IMPACT THE ORGANIZATION'S FINANCIAL POSITION, CHANGES IN NET ASSETS AND CASH FLOWS IS UNCERTAIN AND THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS INCLUDE NO ADJUSTMENTS RELATING TO THE EFFECTS OF THIS PANDEMIC. THE ORGANIZATION HAS AND WILL CONTINUE TO MAKE EVERY EFFORT TO MITIGATE THE CURRENT AND FUTURE FINANCIAL IMPACTS OF COVID-19. IN 2020 AND 2021, THE ORGANIZATION RECEIVED \$2,747,852 AND \$2,000,000 RESPECTIVELY FROM THE SMALL BUSINESS ADMINISTRATION ("SBA") PAYROLL PROTECTION PROGRAM ("PPP") TO COVER CASH NEEDS FOR PAYROLL AND OTHER

EXPENDITURES. THE ORGANIZATION RECEIVED FULL FORGIVENESS OF ITS FIRST LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number 13-3130146
PPP LOAN IN NOVEMBER OF 2021; THIS LOAN WILL BE REPORTED AS	
GOVERNMENTAL GRANT REVENUE ON NEXT YEAR'S FORM 990. THE ORGANIZATION	
ANTICIPATES RECEIVING FULL FORGIVENESS OF THE SECOND PPP LOAN.	
FORM 990, PART III, LINE 1	
OVER 9,000 CLIENTS ARE SERVED BY GMHC'S PROGRAMS EACH YEAR. GMHC	
PROVIDES A BROAD ARRAY OF PROGRAMS THROUGH THE EFFORTS OF CLINICIANS,	
TRAINED VOLUNTEERS, AND PROFESSIONAL STAFF WHO IDENTIFY UNDIAGNOSED	
CASES ON HIV, ENSURE ACCESS AND ENTRY TO COORDINATED PRIMARY MEDICAL	
CARE AND MAINTAIN CLIENTS IN CARE THROUGH INTEGRATED "WRAP AROUND"	
SERVICES THAT TARGET MANY OF THE DRIVERS OF HIV DISEASE, SUCH AS UNMET	
SUBSTANCE ABUSE, MENTAL HEALTH, LEGAL AND EMPLOYMENT NEEDS. GMHC ALSO	
PROVIDES COUNSELING AND OTHER RISK REDUCTION SERVICES TO THOSE AT HIGH	
RISK FOR HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS ("STIS"),	
CONDUCTS COMMUNITY LEVEL INTERVENTIONS TO TARGETED SUBPOPULATIONS AT	
HIGH RISK IN ORDER TO INFLUENCE HEALTH SEEKING SOCIAL NORMS, AND	
FACILITATES LEADERSHIP.	
FORM 990, PART III, LINE 4A	
MENTAL HEALTH SERVICES PROVIDE THE AGENCY AND CLIENTS WITH CRISIS	
INTERVENTION SERVICES WHEN NEEDED, BUT PRIMARILY FOCUSES ON SHORT-AND	
LONG-TERM ASSISTANCE TO HELP CLIENTS ACHIEVE THEIR HIGHEST LEVEL OF	
PSYCHOLOGICAL FUNCTIONING WHILE SIMULTANEOUSLY SUPPORTING THE	
ACHIEVEMENT OF SELF-DETERMINED GOALS. SERVICES BEGIN WITH A	
COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT, FOLLOWED BY INDIVIDUAL,	
COUPLES, FAMILY AND/OR GROUP COUNSELING. THE ORGANIZATION OFFERS	
032212 11-20-20	Schedule O (Form 990 or 990-EZ) 2020

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number 13-3130146
SERVICES IN-HOUSE, AND ALSO FORGE ORGANIZATIONAL PARTNERSHIPS TO BRING	
SERVICES OUT INTO THE COMMUNITY. THE GMHC HIV/AIDS HOTLINE, THE	
LONGEST STANDING FIRST RESPONSE HELPLINE TO THE AIDS EPIDEMIC, RESPONDS	
TO APPROXIMATELY 5,000 PHONE CALLS YEARLY WITH INFORMATION, EMOTIONAL	
SUPPORT, AND AN EXPANSIVE REFERRAL SERVICE.	
WHILE SUBSTANCE ABUSE SERVICES ARE EMBEDDED AND INTEGRATED WITHIN THE	
ORGANIZATION'S MENTAL HEALTH SERVICES, THEY ARE ALSO OFFERED AS A	
PRIMARY SERVICE WITHIN THE WOMEN'S CARE, PREVENTION AND SUPPORT	
SERVICES ("WPCSS"). HERE THE ORGANIZATION SPECIFICALLY FOCUSES ON	
SUBSTANCE USE AND ABUSE ISSUES AMONG WOMEN OF COLOR. SERVICES INCLUDE	
HEALTH AND STI SCREENINGS, HEALTH EDUCATION, OUTREACH, INDIVIDUAL AND	
GROUP COUNSELING, EVIDENCED-BASED INTERVENTION, AND CONNECTION TO HIV	
TESTING AND MEDICAL CARE.	
THE NUTRITION, WORKFORCE DEVELOPMENT, AND WELLNESS DEPARTMENT INCLUDES	
THE NUTRITION AND MEALS, WORKFORCE DEVELOPMENT AND WELLNESS SERVICES.	
THESE SERVICES SEEK TO PROVIDE COMPREHENSIVE AND HOLISTIC SERVICES TO	
CLIENTS LIVING WITH HIV AND/OR AIDS. THE NUTRITION PROGRAMS PROVIDES	
INDIVIDUAL AND GROUP LEVEL INTERVENTION WITH THE GOAL OF ADDRESSING	
FOOD INSECURITY AND IMPROVING OVERALL HEALTH THROUGH NUTRITIONAL	
HEALTH. THE NUTRITION PROGRAM ALSO HOUSES THE FOOD PANTRY, WHERE	
CLIENTS CAN OBTAIN HEALTHY FOODS THAT AID IN THEIR ACHIEVEMENT OF	
BETTER HEALTH OUTCOMES AND ADDRESSES FOOD INSECURITY. IN ADDITION TO	
THE NUTRITION PROGRAM, THIS DEPARTMENT ALSO PROVIDES CONGREGATE MEALS	
FOR HIV POSITIVE INDIVIDUALS. THE WORKFORCE DEVELOPMENT PROGRAM	
PROVIDES COMPREHENSIVE WORKFORCE DEVELOPMENT SERVICES INCLUDING,	
INTAKE, VOCATIONAL AND EDUCATIONAL ASSESSMENT, BENEFITS PLANNING, JOB	Schodulo O /Form 990 or 990 F7) 2020

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number 13-3130146
READINESS TRAINING, INTERNSHIPS, AND JOB PLACEMENT ASSISTANCE, TO	
DECREASE CLIENT RELIANCE ON PUBLIC BENEFITS AND ENTITLEMENTS AND	
INCREASE SELF-SUFFICIENCY. THE WELLNESS PROGRAM PROVIDES AAND INCREASE	
SELF-SUFFICIENCY. THE WELLNESS PROGRAM PROVIDES A VARIETY OF SERVICES	
INCLUDING REIKI, MASSAGE, HAIR CUTTING, EXERCISE, KNITTING AND OTHER	
COMPLEMENTARY SERVICES.	
FORM 990, PART III, LINE 4B	
AND POST EXPOSURE PROPHYLAXIS (PEP), REFERRALS FOR SUPPORTIVE AND	
MEDICAL SERVICES REGARDLESS OF THEIR HIV STATUS, EVIDENCE-BASED	
INTERVENTIONS TARGETED TO YOUTH AND YOUNG ADULTS, WHICH INCLUDES THE	
SOCIAL AND THE CLUBHOUSE, SHORT-TERM COUNSELING WHICH INCLUDES	
INDIVIDUAL COUNSELING, PASTORAL COUNSELING AND SUPPORT GROUPS.	
FORM 990, PART III, LINE 4C	
THE REPRESENTATIVE PAYEE PROGRAM PROVIDES HANDS-ON FINANCIAL MANAGEMENT	
ASSISTANCE FOR INDIVIDUALS IN NEED, WHO WOULD OTHERWISE HAVE	
DIFFICULTIES MANAGING THEIR OWN PERSONAL FINANCES. ACCOUNT MANAGEMENT	
AND BILL-PAYING ARE SUPPLEMENTED BY FINANCIAL EDUCATION, TO SUPPORT THE	
GROWING SELF-SUFFICIENCY OF HIGH-NEED CLIENTS.	
THE HEALTH INFORMATICS DEPARTMENT OVERSEES PROGRAM EVALUATION, OUTCOME	
MEASUREMENT, CONTINUOUS QUALITY IMPROVEMENT PROJECTS, AND DATA	
MANAGEMENT AND REPORTING. GRANTS MANAGEMENT SERVICES ARE ALSO PROVIDED	
BY THIS UNIT, TO ENSURE PROGRAMMATIC ACCOUNTABILITY, EFFECTIVENESS, AND	
INTEGRATION.	

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number 13-3130146
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THE PUBLIC AFFAIRS AND POLICY DEPARTMENT SUPPORTS SYSTEMIC HIV	
PREVENTION BY ADVOCATING FOR FAIR, EFFECTIVE, AND EVIDENCE-BASED HIV	
PREVENTION POLICIES AT THE FEDERAL, STATE AND CITY LEVELS. THE PUBLIC	
POLICY DEPARTMENT AIMS TO ADVANCE AN HIV PREVENTION AGENDA THAT	
PROMOTES INDIVIDUAL BEHAVIORAL CHANGES WHILE ACKNOWLEDGING STRUCTURAL	
FACTORS SUCH AS GENDER AND RACIAL INEQUALITY, POVERTY, ANTI-GAY STIGMA,	
UNDOCUMENTED IMMIGRATION STATUS, AND LACK OF ACCESS TO HEALTH CARE.	
THE ORGANIZATION'S CLIENTS AND MEMBERS OF THE COMMUNITY ARE INVITED TO	
PARTICIPATE IN THE PUBLIC POLICY'S CLIENT ACTION CENTER, AND ARE THE	
TRUE DRIVING FORCE BEHIND THE ORGANIZATION'S POLICY AND ADVOCACY WORK.	
THE ACTION CENTER SERVES AS A CENTER FOR COMMUNITY ORGANIZING AND	
ADVOCACY ACTIVITIES WHILE BUILDING PARTICIPANTS' LEADERSHIP SKILLS.	
THIS HIGH LEVEL OF PARTICIPATION AND ORGANIZATIONAL INFLUENCE BY	
CLIENTS AND THE COMMUNITY HELPS TO ENSURE THAT THE ORGANIZATION IS	
CONSTANTLY WORKING TO SERVE ITS TARGET POPULATIONS AS EFFECTIVELY AND	
CREATIVELY AS POSSIBLE.	
THE COMMUNICATIONS AND MARKETING DEPARTMENT PROVIDES RESOURCES AND	
ASSISTANCE TO ALL OF THE ORGANIZATION'S PROGRAM AREAS ON COMMUNITY	
RELATIONS, THE ORGANIZATION'S WEB PRESENCE, SOCIAL MEDIA CAMPAIGNS, AND	
MARKETING INITIATIVES. IT SUPPORTS THE ORGANIZATION'S GOALS TO EDUCATE	
THE PUBLIC ABOUT DRIVERS OF THE EPIDEMIC SUCH AS GENDER AND RACIAL	
INEQUALITY, POVERTY, ANTI-GAY STIGMA, UNDOCUMENTED IMMIGRATION STATUS,	
AND LACK OF ACCESS TO HEALTH CARE.	

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUCTION	1
WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT 990 WAS	
CIRCULATED TO THE MEMBERS OF THE AUDIT AND FINANCE COMMITTEES OF THE BOARD	
OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH MEMBER WAS PROVIDED AN	
OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS	
FILING WITH THE INTENAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS	
REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY	
VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE	
ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY	
THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO	
THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.	
IN ADDITION TO THE ANNUAL QUESTIONNAIRE, THE ORGANIZATION MONITORS	
COMPLIANCE THROUGH SEVERAL OTHER AVENUES:	
1. SELF-REPORTING OF POTENTIAL CONFLICTS OF INTEREST,	
2. THE BIDDING PROCESS FOR OBTAINING PROFESSIONAL SERVICES, AND PURCHASING	
SUPPLIES, GOODS AND EQUIPMENT.	
POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE BOARD	
CO-CHAIRS, AND THEN TO BOARD FOR RECOMMENDATION. REQUIRED TO SIGN A	
CONFLICT OF INTEREST STATEMENT ON APPOINTMENT TO THE BOARD, AND ALL BOARD	
MEMBERS ARE REQUIRED TO DO SO ANNUALLY ON RE-ELECTION.	

Name of the organization GAY MEN'S HEALTH CRISIS, INC.	Employer identification number 13-3130146
THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE	
COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS	
AND KEY EMPLOYEES IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION	
OPERATES. IN RELEVANT PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A	
COMPENSATION COMMITTEE OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL	
INTEREST IN THE PROPOSED COMPENSATION AGREEMENT. THE COMPENSATION	
COMMITTEE CONTRACTS WITH A COMPENSATION CONSULTANT TO COMPLETE A MARKET	
ASSESSMENT AND COMPETITIVE POSITION ANALYSIS FOR THE ORGANIZATION'S TOP	
EXECUTIVES. THE COMPENSATION CONSULTANT UTILIZES COMPARABILITY AND	
BENCHMARKING SURVEYS TO ENSURE THAT THE ORGANIZATION COMPENSATES ITS	
EXECUTIVES COMMENSURATE WITH THE MARKET. THE COMPENSATION COMMITTEE WILL	
THEN SET THE COMPENSATION FOR THE RELEVANT EXECUTIVE AND DOCUMENT THE	
DECISION IN THE BOARD MINUTES. THE LAST COMPENSATION STUDY WAS DONE IN JUNE	
2014.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND	
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	
UPON REQUEST AND AT MANAGEMENT'S DISCRETION. THE CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS ARE POSTED ON GMHC WEBSITE (WWW.GMHC.ORG).	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GAY MEN'S HEALTH CRI	ISIS, INC.					13-3130146		
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) ontrolling ntity	J
Identification of Related Tax-Exempt Organiza	ations Complete if the organizat	tion answered "Yes" on Form 900	Part IV line 34	pecause it had one	or more	related tax-ever	mot	
organizations during the tax year.	ations. Complete if the organizati	non answered Tes on Form 550	5, 1 art IV, III C 04, 1	occado il riad oric	or more	Totalcu tax cxci	прс	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity		j) 12(b)(13) olled ity?
				501(c)(3))			Yes	No
GAY MEN'S HEALTH CRISIS ACTION, INC 13-3702566, 446 WEST 33RD STREET, NEW YORK,								
NY 10001	LOBBYING	NEW YORK	501(C)(4)		GMHC		Х	
GMHC HEALTH SERVICES, INC 13-3892461 446 WEST 33RD STREET	-							
NEW YORK, NY 10001	HIV TESTING	NEW YORK	501(C)(3)	LINE 12A, I	GMHC		х	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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D 111	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 34. b	ecause it had one or m	ore related
	organizations treated as a partnership during the tax year.	1 3		,		

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Part V	Transactions With Related Organiza	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34. 35b. or 36.
	Transactions With Holaton Organiza	21101 - Complete it the organization and the control of the contro	,

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>/</i>			. 1a		Х			
b										
С	Gift, grant, or capital contribution from related organization(s)				. 1c		Х			
							Х			
							Х			
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				. 1g		Х			
h	Purchase of assets from related organization(s)				. 1h		Х			
							Х			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of facilities, equipment, or other assets to related organization(s) g Less of facilities, equipment, or other assets to related organization(s) g Total Reformance of services or membership or fundraising solicitations for related organization(s) g Total Reformance of services or membership or fundraising solicitations for related organization(s) g Reformance of services or membership or fundraising solicitations for related organization(s) g Reimbursement paid to related organization(s) g Reimbursement paid to related organization(s) f Other transfer of cash or property to related organization(s) Name of related organization(s) for expenses g D Reimbursement paid to related organization(s) for expenses g D Reimbursement paid to related organization(s) for expenses g D Reimbursement paid to related organization(s) for expenses g D Reimbursement paid to related organization(s) for expenses g D Reimbursement paid to related organization for fundrain or not more must complete this line, including covered relationships and transaction thresholds. Transaction type (e-s) Name of related organization Method of determining amount involved Method of determining amount involved Method of determining amount involved										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)									
		()					Х			
n										
						Х				
р	Reimbursement paid to related organization(s) for expenses				. 1p		Х			
							Х			
-	•									
r	Other transfer of cash or property to related organization(s)				1r		Х			
							Х			
2					•					
	Name of related organization	Transaction			involved					
(1)										
(2)										
(3)										
(4)										
(5)										

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	Genera manag partn Yes	(k) Al or Percentage ging ownership
									000) 0000