

GMHC

END AIDS. LIVE LIFE.

2018

ANNUAL REPORT



LETTER FROM THE CEO

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

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

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

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

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

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

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

Sincerely,

Kelsey Louie
Chief Executive Officer



LETTER FROM THE BOARD CHAIR

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

whose leadership and generosity means so much to the agency.

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

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

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

Sincerely,

Jonathan Mallow
Board Chair

FOR OUR 2018 ANNUAL REPORT, we are proud to offer a fresh perspective on the impact of our programs and services. This year, we present a deep exploration into our program research along with the findings from that research. The two programs presented here are GMHC Intake as well as Housing Interventions. At the conclusion of each, we offer some insights into the how we will use the findings to help guide the future of our work in that area. Additionally, we provide you with some practical opportunities for engagement as donors, volunteers, or both..

GMHC: Agency Intake Analysis

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

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

Viral suppression directly correlated with food security and citizenship status.

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

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

Viral suppression is a key factor in reaching the goal of reducing the number of HIV infections in New York State to 750 people or fewer people by the close of 2020. People with an undetectable viral load cannot transmit the virus to other people. GMHC's study showed significant viral load suppression rates among clients who originally presented with risk factors including housing instability, food insecurity, substance use, immigration or citizenship status, chronic unemployment, poverty, gender identity, and sexual orientation (specifically MSM). Individuals reporting the highest rate of suppression at intake were stably housed

continued

(47 percent) and employed (42 percent). Non-MSM had a viral suppression rate of 47 percent and those living above the federal poverty line reported a rate of 46 percent. Further, 46 percent of documented non-United States citizens were virally suppressed, while undocumented individuals only reported an 27 percent suppression rate at intake—a 19 percent difference. Similarly, suppression rates were 4 percent lower among those unstably housed at intake and 4 percent lower in MSM.



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

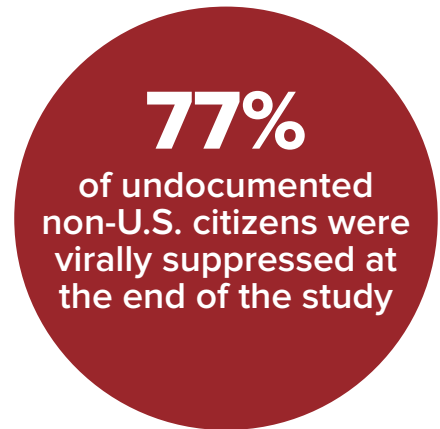
While the CDC has been tracking a decline in the rate of new infections in New York State over the past years, the epidemic is far from over. Though treatment is now available, many factors make treatment inaccessible and adherence unattainable. This study provided concrete data about risk factors for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

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

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



2018 Outcomes of Intake Study



GMHC: Housing Interventions and Impacts

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

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

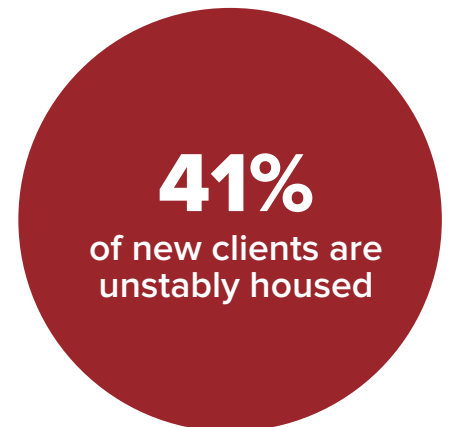
GMHC's Supportive Housing Program provides clients access to the Housing Opportunities for Persons with AIDS (HOPWA) and Safety-in-Housing programs, as well as a Short-term Rental Assistance Program or STRAP. Throughout 2018, GMHC assessed the tangible health impacts of each program on treatment adherence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

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

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

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

2018 Outcomes of GMHC's Housing Program



continued

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

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



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

At GMHC, we aim not only to end new HIV infections, but also strive to achieve a future in which our clients no longer list “access to stable housing” as their most dire need.

OUR DONORS

SINCE OUR FOUNDING IN 1982, GMHC has worked to uplift the lives of all people living with and affected by HIV/AIDS. Our groundbreaking prevention and testing services, food and nutrition programs, and research and public policy initiatives would not be possible without the generosity of our donors. The individuals, corporations, and foundations listed below exhibit incomparable, ongoing philanthropic leadership. We gratefully acknowledge all gifts made during FY18 (January 1, 2018 to December 31, 2018), including many ACRIA donations as 2018 marked the first year when GMHC and ACRIA began to work collaboratively. Thank you for your support!

PRESIDENT'S COUNCIL

\$500,000+

Gilead Sciences, Inc.

**The Steve, Laurie, and Lizzie & Jonathan Tisch Philanthropic Fund
of the Jewish Communal Fund**

\$100,000–\$499,999

The Calamus Foundation David Boger ViiV Healthcare

\$50,000–\$99,999

Broadway Cares/Equity Fights AIDS

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Kelsey Louie

MAC AIDS Fund

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Jonathan and Lizzie Tisch

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FRIENDS FOR LIFE

\$10,000–\$24,999

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Pfizer, Inc.
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\$5,000–\$9,999

Amy Abrams
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Tom & Elizabeth Caine
Kenneth Cole
Cowles Charitable Trust
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Jerry Herman
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Hyde and Watson Foundation
Donna Karan
David Lam
Matthew Mallow & Ellen Chesler
Alan Manocherian
Richard McCune
William Messinger
National Minority AIDS Council
New York Bar Foundation

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

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



Photo: Matt McDermott

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

\$1,000–\$4,999

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

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

Constance Beaty
Daniel Berger
Susanna Bergtold
Berlin Rosen Ltd.
The Andrew J. Bernstein Foundation
Michael Berr
Warren Bimbleck
The Estate of David Black
Mark Blackman



Jonathan and Lizzie Tisch (left) with Michael Douglas at GMHC's 2018 Fall Gala.

- Harney & Sons Fine Teas
 Daniel Harrison
 James Healey
 HEC Enterprises Inc.
 Anthony Heilbut
 Erik Hepler
 James Heston
 Jim Hodges
 Housing Works
 Molly Hoyt
 IBM Corporation
 Mark Imowitz
 IPC Systems, Inc.
 Joel Isaacs
 Laurence Jahns
 Janssen Scientific Affairs, LLC
 Price Jepsen
 Robert Price Jepsen
 Jay Johnson & Tom Cashin
 Stephen Johnson
 Johnson & Johnson
 Julius' bar
 Anne Keating
 Charles Kessler
 KHS Fine Art LTD
 Michael King
 Noel Kirnon
 Barry Kissane
 Frederick Knapp
 Hans Koch
 David Kuhn
 Anthony LaRocco
 William Lauch
 Chad Leat
 David Leventhal
 John Lichter
 The Litwin Foundation
 Joseph Llanos
 Lowe's Corporation
 Josh Machiz
 Laura MacLeod
 Mitchell Makowski
 Mark Krueger & Associates, Inc.
 Glenn Marziali
 Nion McEvoy
 Monika McLennan
 Suzanne Mecs
 Bruce Merrill
 The Migdal Family Foundation
 Bruce Miller
 Jonathan Miller
 Mario Montano
 Luis Morais
 Matthew Morningstar
 Mutual of America, Inc.
 Naleo Educational Fund
 Kathleen Nath
 National Black Leadership
 Commission on AIDS
 The New York Women's Foundation

Photo: BFA

- Barry Bloom
 Stephen Bloom
 Maurice Bolmer
 Bolton-St. Johns
 Louis A. Bradbury
 John Bradley
 Helen Brandes
 Sandra Brandt
 Roy Brayton
 Daniel Breiman
 Cecily Brown
 Peter Brown
 Laurie Burns
 Hugh Bush
 C.A.L. Foundation, Inc.
 David Calfee
 Brandon Cardet-Hernandez
 Emily Cavanaugh
 Stockard Channing
 Nikolaus Christmann
 CMA
 Anne Collier
 Computer Orange
 Congregation Rodeph Sholom
 Kenneth Cooke
 Alan Cumming
 Richard Cutter
 Paul Cutts
 Jeffrey Damens
 Anthony D'Angelo
 Michael Dansky
 Cynthia DeBartolo
 Michael DePaola
 John Derian
 David Desocio
 Frank DiGiacomo
 Maury DiMauro
 Fred Dixon
 Ron Dodd
 Douglas Drake
 Eagan Family Foundation
 Deborah Efroymsen
 Steve Elmendorf
 Elsevier Foundation
 Edward Epstein
 Luciana Fato
 Fidelity Charitable Gift Fund
 Mark Fidelman
 John Fitzgerald
 Andrea Franchini
 Gregory Frey
 John Gallagher
 Steven Ganeless
 David Geffen
 General Electric Foundation
 Lionel Geneste
 Howard Glickstein
 Jonathan Goldberg
 Goldman, Sachs & Co.
 Ted Green
 Ken Green
 Andrew Greene
 John Greg
 Guardiola Pharmacy, Inc.
 Guilford Publications, Inc.
 Agnes Gund
 Khaled Habayed
 Michael Hardy
 Harlem United Community
 AIDS Center, Inc.

Raymond Nied
 Nordstrom
 NYC & Company, Inc.
 Mathew Oakley
 Garrick Ohlsson
 James Olander
 Donna O'Leary
 Oliver Family Fund
 The Oppenheimer Management Corp.
 Lisa Orberg
 Isabelle Osborne
 Joe Pacetti de Medici
 Nicole Paisner
 Michael Paley
 Mathew Palmer
 Michael Pargee
 Elizabeth Peabody
 Paul Pelssers
 Matthais Pintscher
 Ira Pittelman
 Michael Plofker
 Geoffrey Proulx
 Peter Purpura
 Mike Quinn
 Maxine Rapoport
 Isabel Rattazzi
 Priscilla Rattazzi
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 Raymond Roberge
 Timothy Robert
 Robert Half
 Robert N. Alfandre Foundation
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 Lynn Sable
 John Schmitt
 Gretchen Schnabel

John Schumacher
 Kenneth Schweber
 Jeffrey Seller
 Demetrios Sengos
 Sam Shahid
 Amy Sherman-Palladino
 Dina Silberstein
 The Skolnick Family Charitable Trust
 Ellynn Skove
 Samantha Slager
 Dennis Smith
 Roger Smith
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 Hollis Stern
 The Susan S. Shiva Foundation
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 Gregory Thomas
 Thomson Reuters Holdings Inc.
 Andrew Tobias
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 Elyse Topalian
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 John Tynes
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 UBS AG
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 Merrimack Valley
 VF Sportswear, Inc.
 Visiting Nurse Service of New York
 Chris Wanlass
 Brien Wassner
 Bruce Weber & Nan Bush
 Jan Weil
 Weinman Family Foundation

Lois Weinroth
 Sheryl Weisbuch
 Eric Wieschhaus
 Marc Wolinsky
 Andrea Woodner
 Cindy Workman
 Gary Wright
 Victor Yen
 Robert Zack
 Marc Zemsky



Photo: BFA

GMHC Board of Directors Member Javier Muñoz (left) and Corey Johnson at GMHC's 2018 Fall Gala.

ALLIES

\$500-\$999

David Akhtar
 Robin Albin
 Anthem Foundation
 James Arthurs
 John Avelluto
 Susan Barnett
 James Barone
 Robert Barrett
 David Bartz
 Paul Bator
 Gerald Becker
 Debra Beneck
 John Bennett
 Robert Blitzer
 Barbara Blomberg
 Christopher Borek
 Doris Bouwensch
 Jennifer Bradford-Davis

Houston Brummit
 Dennis Callahan
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 Inge Chilman
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 Gabrielle Conway
 Corcoran Group
 Rui Dacosta
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 Elizabeth Elser Doolittle
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 Edward Harris
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 Bill Hutton
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 Frederick Jana
 Victor Jeffreys
 Michael Jones
 Jujamcyn Theaters
 Richard Kalb
 Lawrence Kaplen
 Leona Kern

Michael Lombard
 Rose Lord
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 Elizabeth Mallow
 Bernice Manocherian
 Lois Martindale
 Howard Marton
 Daniel Maury
 Kelly McCarthy
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 Peter McKown
 Gerald McLoughlin

Andrew Noha
 Susan Norris
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 Corporation
 NYCMA Intergroup
 Ross Oliver
 Thomas O'Neill
 Stephen Oremus
 Joe Orgovan
 The Overbrook Foundation
 Marion Paganello
 David Palumbo
 Joseph Parsons
 Osvaldo Perdomo

Roger Ross
 Edith Ross
 Jordan Roth
 Erica Rotstein
 Ethel Rubinstein
 Duane Rutledge
 S&P Global Foundation
 SAGE
 Jill Salberg
 Salesforce
 Hans Schmidt
 Paul Serenbetz
 The Shed
 Jonathan Sheffer
 Allison Showalter
 Robert Simmons
 Robert Sommer
 Ernest Spieler
 Frank Sposato
 William Stern
 Esther Sternberg
 Jill Stuart
 Darien Sutton-Ramsey
 The T. Rowe Price Program
 for Charitable Giving
 Andrew Taiani
 Samarpana Tamm
 Marvin Tenenbaum
 Marcus Teo
 Henry Tisch
 Duane Tisdale
 Karen Tobia
 John Tobiasz-Kruszewski
 Deborah Tolman
 Francis Towne
 Lucia Vail
 Joe Valentino
 Verizon Foundation
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 Calvin Warren
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 Wells Fargo & Company
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 Robert Williams
 Christopher Wolf
 Ronald E. Wozniak, S.J.
 William Zimmerman
 Craig Zimmerman
 Harron Zimmerman



Ryan Murphy (left) and Janet Mock at GMHC's 2018 Latex Ball.

David Knapp
 John Kuehn
 Rocco Laspata
 Ida Lawrence
 Marta Lawrence
 John Le Bedda
 James Leo
 Barry Levy
 Owen Levy
 Monica Lewinsky
 The Lesbian, Gay,
 Bisexual & Transgender
 Community Center
 Steven Lisker
 Robert Littman
 Helen Livingston

Frank Miceli
 Lloyd Migdal
 Katherine Moore
 Thomas Moore
 Patrick Moore
 Ryan Morris
 Benedict Moshier
 Munich Reinsurance
 America, Inc.
 David Murphy
 Kent Myrick
 National Financial
 Services, Inc.
 New York Life Foundation
 Arthur Nicholson
 David Nickle

Joseph Perilongo
 Pfizer Foundation
 John Phelps
 Russell Phillips
 Linda Pilaro
 Joaquin Pizarro
 Lorraine Potocki
 Dwight Powell
 Seth Radwell
 Amit Rakhit
 Gary Reichard
 Olivier Renaud-Clement
 Roger Rose
 Joel Roselin
 Helen Rosen
 Harvey Rosenberg

Photo: Dustin Moore

OUR SERVICES

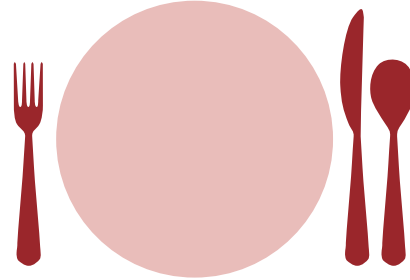
January 1 to December 31, 2018

Clients Served: 11,908



Meals Served: 117,264

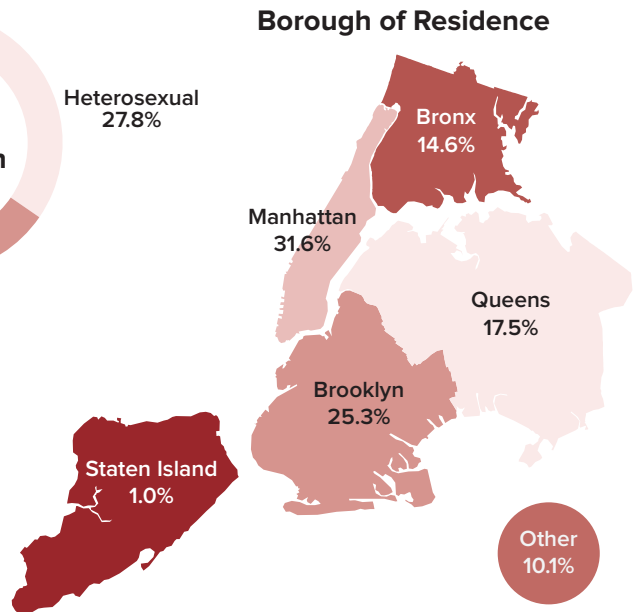
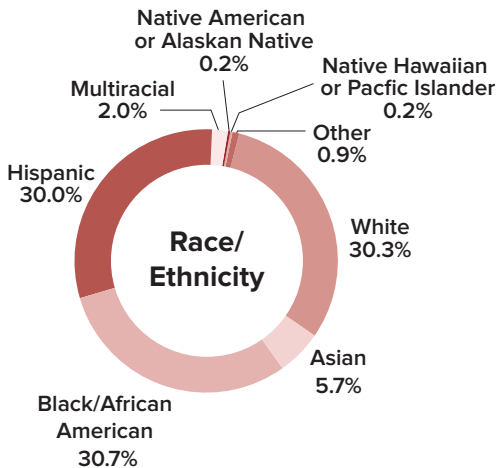
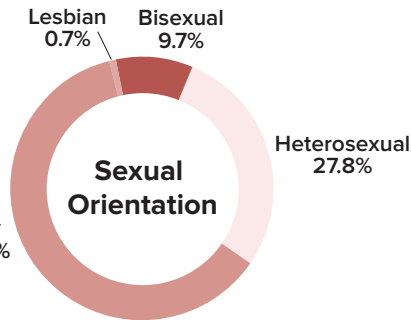
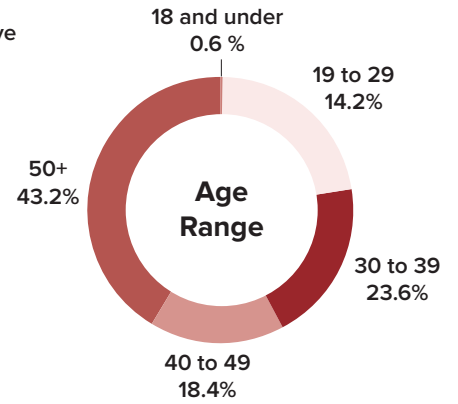
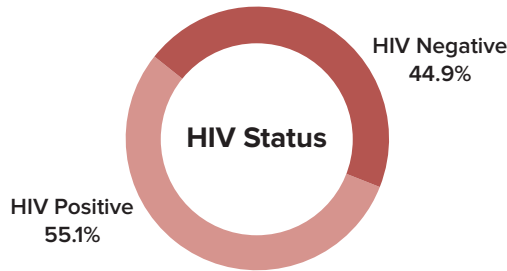
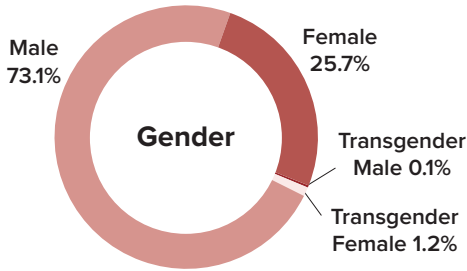
(in both the Peter Krueger Dining Room and Keith Haring Food Pantry Program)



OUR CLIENTS

January 1 to December 31, 2018

(This data excludes clients with unknown or unreported demographic information)



WHERE THE MONEY GOES

At GMHC,

71.3¢

of every dollar was used for direct services and programs in FY 2018.

Care and Support **55.4%**

Prevention and Education **11.7%**

Public Policy **4.2%**

Management and General **23.5%**

Fundraising **5.2%**

FINANCIAL SUMMARY 2018, 2017

2018 audited 12 months January 1, 2018 – December 31, 2018	2017 audited 12 months January 1, 2017 – December 31, 2017
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Condensed Consolidated Statement of Financial Position:

ASSETS

Cash and cash equivalents	\$ 720,646	\$ 1,981,580
Government grants receivable, net	6,194,231	5,794,180
Medicaid receivable, net	454,231	423,590
Contributions receivable, net	1,681,195	1,359,241
Other receivable	1,398,910	726,474
Prepaid expenses and other assets	756,721	1,908,566
Leasehold improvements, furniture and equipment, net	4,878,322	2,350,162
Security deposit	4,057,144	6,010,473
Restricted cash	430,843	1,172,136

Total Assets

\$ 20,572,243 **\$ 21,726,402**

LIABILITIES AND NET ASSETS

Accounts payable and accrued expenses	\$ 4,755,793	\$ 2,866,976
Deferred rent and rent incentives	2,671,884	1,582,504
Government contract advances	1,192,363	741,536
Accrued compensated absences	-	-
Notes Payable	352,567	-
Capital Lease	932,763	-
Line of Credit	3,400,000	4,000,000
Net Assets	7,266,873	12,535,386

Total Liabilities and Net Assets

\$ 20,572,243 **\$ 21,726,402**

Condensed Consolidated Statement of Activities and changes in net assets:

SUPPORT AND REVENUE

Contributions	\$ 5,164,433	\$ 4,185,888
Special events, net	1,317,314	2,066,380
Government contracts	16,778,608	14,673,871
Contributed services and in-kind support	578,118	408,704
Other revenue	4,716,937	3,901,462

Total support and revenue

\$ 28,555,410 **\$ 25,236,305**

EXPENSES

Program services	\$ 23,974,499	\$ 19,450,873
Management and general	7,906,354	6,195,328
Fundraising	1,743,203	1,999,018

Total Expenses

\$ 33,624,056 **\$ 27,645,219**

Non-Operating Activities

Loss on disposal of fixed assets	\$ 199,867	-
Change in net assets	(5,268,513)	(2,408,914)

Net Assets at beginning of year

12,535,386 **14,944,300**

Net Assets at end of year

\$ 7,266,873 **\$ 12,535,386**

The consolidated statements of financial position, activities, and changes in net assets of the Gay Men's Health Crisis, Inc. and affiliates and related consolidated statements of activities and changes in net assets, and of cash flows were audited by Grant Thornton LLP. The condensed consolidated financial statements represented here have been derived from the consolidated audited financial statements. Copies of the audit reports and the complete consolidated financial statements are available upon request to Michael Hester, Vice President of Finance, at GMHC, 307 West 38th Street, New York, NY 10018-9502.

2018 LEADERSHIP

BOARD OF DIRECTORS

Edward Ackerman
Warren Bimbleck
Nicholas Coppola
Wade Davis
Ron Dodd
Julie Fink
Ari Ginsburg
Joseph Hall
Michael C. Harwood
Geoffrey Hoefler
Deborah Hughes
Roberta A. Kaplan
David Kleinberg
Edward Krugman
Andrew Lassalle
Joshua Machiz
Jonathan Mallow
Timothy Martin
Daniel Maury
Joseph Neese
Osvaldo Perdomo
Jack Pierson
Manny Rivera
Hal Rubenstein
Stewart Shining
Jason Wu

SENIOR MANAGEMENT

Kelsey Louie, MSW, MBA
Chief Executive Officer

Cub Barrett
Vice President, Communications and Marketing

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

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

Michael J. Hester
Vice President, Finance

Kishani Moreno, MA, LMHC
Chief Operating Officer

Mike Rogers
Senior Vice President, Development

Jennay Thompson
Vice President, Coordinated Care

GMHC fights to end the AIDS epidemic
and uplift the lives of all affected.

GMHC
307 West 38th Street
New York, NY 10018-9502

