

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2000 calendar year, or tax year period beginning April 1, 2000, and ending March 31, 2001

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

Form fields: C Name of organization (Being Alive / People With AIDS), D Employer identification number (95: 4137742), E Telephone number ((310) 289-2551), F Check if application pending

G Organization type (check only one) 501(c)(3) (insert no.) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash, Accrual, Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS...

Note: H and I are not applicable to section 527 orgs. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. (GEN) L Check this box if the organization is not required to attach Schedule B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 4 columns: Description, Sub-column (A/B), Total, and Total. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-21). Total revenue is 358,530 and total expenses is 394,711, resulting in a deficit of 36,181.

SCANNED DEC 18 2001

26 Net Assets

CO ACCOUNTS RECEIVED DEC 10 2001 11:00 AM GORDEN

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23	15,073	15,073	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	35,750	28,200	3,775
26	Other salaries and wages	26	148,712	137,264	5,724
27	Pension plan contributions	27			
28	Other employee benefits	28	19,455	17,107	1,174
29	Payroll taxes	29	16,584	15,030	777
30	Professional fundraising fees	30			
31	Accounting fees	31	15,186	8,200	6,986
32	Legal fees	32	12,038	6,501	5,537
33	Supplies	33	14,876	12,227	2,068
34	Telephone	34	5,273	3,125	2,109
35	Postage and shipping	35	10,316	8,469	1,847
36	Occupancy	36	2,143	1,822	321
37	Equipment rental and maintenance	37	11,354	7,884	3,470
38	Printing and publications	38	55,370	48,486	6,592
39	Travel	39	4,117	4,117	
40	Conferences, conventions, and meetings	40			
41	Interest	41	501		501
42	Depreciation, depletion, etc. (attach schedule)	42	61		61
43	Other expenses (itemize): a	43a			
	b See Attached Schedule	43b	27,902	18,654	9,248
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43. Organizations completing columns (B)-(D), carry these totals to lines 13-15.)	44	394,711	332,159	50,190

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? Advisory and support services to people with HIV	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Emotional, educational, advisory and support services to persons who are HIV positive (with or without AIDS) and others who care about them and these issues. (Grants and allocations \$ _____)	332,159
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	332,159

Part IV Balance Sheets (See Specific Instructions on page 23.)

			(A)		(B)
			Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash—non-interest-bearing	60,897	45	34,409
	46	Savings and temporary cash investments	10,800	46	793
	47a	Accounts receivable	38,762		
	b	Less: allowance for doubtful accounts	0	47c	38,762
	47b		49,673		
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	0	48c	0
	48b				
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts	0	51c	0
	51b				
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,575	53	2,341
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a	Investments—land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)	0	55c	0	
55b					
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	9,872			
b	Less: accumulated depreciation (attach schedule)	9,296	57c	576	
57b		1,245			
58	Other assets (describe ►)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	125,190	59	76,881	
Liabilities	60	Accounts payable and accrued expenses	18,745	60	12,617
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)	6,784	64b	784
	64b				
65	Other liabilities (describe ►)		65		
66	Total liabilities (add lines 60 through 65)	25,529	66	13,401	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	99,661	67	55,519
	68	Temporarily restricted	0	68	7,961
	69	Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	99,661	73	63,480	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	125,190	74	76,881	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements . . . ▶ a 488,017</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments . . . \$ _____</p> <p>(2) Donated services and use of facilities \$ 90,137</p> <p>(3) Recoveries of prior year grants . . . \$ _____</p> <p>(4) Other (specify): \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b 90,137</p> <p>c Line a minus line b ▶ c 397,880</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): Special Event Expense \$ (39,350)</p> <p>Add amounts on lines (1) and (2) ▶ d (39,350)</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 358,530</p>	<p>a Total expenses and losses per audited financial statements . . . ▶ a 524,198</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ 90,137</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 . . . \$ _____</p> <p>(4) Other (specify): Special Events Expense \$ 39,350</p> <p>Add amounts on lines (1) through (4) ▶ b 129,487</p> <p>c Line a minus line b ▶ c 394,711</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____</p> <p>(2) Other (specify): \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 394,711</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Alfred Herrera 621 N. San Vicente Blvd., West Hollywood, CA 90069	Executive Director 40 hrs / week	35,750	0	0
Toni Zimbardi 621 N. San Vicente Blvd., West Hollywood, CA 90069	President As Needed	0	0	0
Kathy Van Tassell 621 N. San Vicente Blvd., West Hollywood, CA 90069	Vice President As Needed	0	0	0
Kay Ostberg 621 N. San Vicente Blvd., West Hollywood, CA 90069	Secretary As Needed	0	0	0
Chris Bennett 621 N. San Vicente Blvd., West Hollywood, CA 90069	Treasurer As Needed	0	0	0
Brad Sears 621 N. San Vicente Blvd., West Hollywood, CA 90069	Board Member As Needed	0	0	0
Chris Wade 621 N. San Vicente Blvd., West Hollywood, CA 90069	Board Member As Needed	0	0	0
Jim Formaker 621 N. San Vicente Blvd., West Hollywood, CA 90069	Board Member As Needed	0	0	0
Vahan Saroians 621 N. San Vicente Blvd., West Hollywood, CA 90069	Board Member As Needed	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
If "Yes," attach schedule—see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ► Not Applicable and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a		N/A
b	Did the organization file Form 1120-POL for this year?	81b		N/A
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		90,137
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities.	86b		N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			0
90a	List the states with which a copy of this return is filed ► California			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		5
91	The books are in care of ► Being Alive Telephone no. ► (310) 289-2551 Located at ► 621 N. San Vicente Blvd., West Hollywood, CA ZIP code ► 90069			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	272	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	57,289	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a <u>Miscellaneous</u>			01	13,022	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		70,583	0
105 Total (add line 104, columns (B), (D), and (E)).					70,583

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	Not Applicable

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Not Applicable	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I am a preparer (other than officer) is based on all information of which preparer has any knowledge.

1/2/2001 Date Robert B. Sears Type or print name and title
Treasurer

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization Being Alive / People With AIDS Action Coalition	Employer identification number 95:4137742
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
Not Applicable	

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	333,592	275,674	454,526	526,423	1,590,215
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	80,918	33,895	125,905	22,500	263,218
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	224			1,553	1,777
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22.	414,734	309,569	580,431	550,476	1,855,210
24 Line 23 minus line 17.	333,816	275,674	454,526	527,976	1,591,992
25 Enter 1% of line 23	4,147	3,096	5,804	5,505	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ▶					26a 31,840
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . ▶					26b 18,160
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 1,591,992
d Add: Amounts from column (e) for lines: 18 <u>1,777</u> 19 <u>0</u> 22 <u>0</u> 26b <u>18,160</u> ▶					26d 19,937
e Public support (line 26c minus line 26d total) ▶					26e 1,572,055
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.75 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) <u>N/A</u> (1998) <u>N/A</u> (1997) <u>N/A</u> (1996) <u>N/A</u>					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) <u>N/A</u> (1998) <u>N/A</u> (1997) <u>N/A</u> (1996) <u>N/A</u>					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	N/A	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	N/A	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Not Applicable	N/A	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	N/A	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	N/A	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	N/A	
d Copies of all material used by the organization or on its behalf to solicit contributions?	N/A	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Not Applicable		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	N/A	
b Admissions policies?	N/A	
c Employment of faculty or administrative staff?	N/A	
d Scholarships or other financial assistance?	N/A	
e Educational policies?	N/A	
f Use of facilities?	N/A	
g Athletic programs?	N/A	
h Other extracurricular activities?	N/A	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Not Applicable		
34a Does the organization receive any financial aid or assistance from a governmental agency?	N/A	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	N/A	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	N/A	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
 Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	N/A	N/A
38	Total lobbying expenditures (add lines 36 and 37)	N/A	N/A
39	Other exempt purpose expenditures	N/A	N/A
40	Total exempt purpose expenditures (add lines 38 and 39)	N/A	N/A
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 .20% of the amount on line 40. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	0	N/A
42	Grassroots nontaxable amount (enter 25% of line 41)	N/A	N/A
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	N/A	N/A
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	N/A	N/A

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	N/A	N/A	N/A	N/A	N/A
46 Lobbying ceiling amount (150% of line 45(e))					N/A
47 Total lobbying expenditures					N/A
48 Grassroots nontaxable amount					N/A
49 Grassroots ceiling amount (150% of line 48(e))					N/A
50 Grassroots lobbying expenditures	N/A	N/A	N/A	N/A	N/A

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of organization Being Alive / People With AIDS Action Coalition		Employer identification number 95-4137742	
Organization type (check only one) - Section:	<input checked="" type="checkbox"/> 501(c)(3) (enter number)	527 or	4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General Rule** discussed above.

Name of organization

Employer identification number

Being Alive / People With AIDS Action Coalition

95-4137742

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		43,730	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
2		10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
3		8,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
4		10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
5		15,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Page 3, Part IV, Line 64b: Mortgages and Other Notes Payable

Note Payable to a bank, monthly payments of \$519 including interest at 11%, due May 2001.

The Note is secured by real property.

\$784

Form 990A Schedules

Page 2, Part III, Line 2(d): Payment of Compensation (or Reimbursement of Expenses)

Regular compensation of officers and key employees only. See Form 990, Part V.

Page 3, Part IV-A, Line 26b: Excess Amounts

**** Not Open To Public Inspection ****

Name of Contributor	1999	1998	1997	1996	Total
	\$50,000				\$50,000
					<u>\$50,000</u>
					Total Contributed \$50,000
					Amount per Line 26a (\$ in 26a x 1) (31,840)
					<u>Excess Amount \$18,160</u>

Page 1, Part I, Line 9: Special Events and Activities

	Gross Revenue	Direct Expenses	Net Revenue
Annual Spirit of Hope Awards and Silent Auction	\$96,639	\$39,350	57,289

Page 2, Part II, Line 23: Specific assistance to individuals

Program incentives	\$7,474
Clinic expenses	4,849
Consulting	2,750
	<u>\$15,073</u>

Page 2, Part II, Line 42: Depreciation and

Page 3, Part IV, Line 57: Land, Buildings and Equipment

Category	Cost/ Basis	Depreciation		Accumulated Depreciation	Book Value
		Method/Life	Expense		
Computers and Other Equipment	5,455	S/L - Various	61	4,879	576
Furniture and Fixtures	4,417	S/L - Various		4,417	0
	<u>\$9,872</u>		<u>\$61</u>	<u>\$9,296</u>	<u>\$576</u>

Page 2, Part II, Line 43: Other Expenses

	Total	Program Services	Management and General	Fundraising
Insurance	\$6,825	\$5,460	\$1,365	
Consulting - indirect	3,450		3,450	
Outside Services	2,450		2,450	
Dues and subscriptions	1,525	1,525		
Volunteer expenses	1,291	1,291		
Program incentives - indirect	831		831	
Miscellaneous	11,530	10,378	1,152	
	<u>\$27,902</u>	<u>\$18,654</u>	<u>\$9,248</u>	<u>\$0</u>