Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt from Income Tax

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

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

OMB No 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 4/01 , 2002, and ending 3/31 , 2003

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See specific instructions.

BEING ALIVE / PEOPLE WITH AIDS
ACTION COALITION
621 N SAN VICENTE BLVD
WEST HOLLYWOOD, CA 90069

D Employer Identification Number: 95-4137742

E Telephone number: (310) 289-2551

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If Yes enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No (If No, attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site ► WWW BEINGALIVELA ORG

J Organization type (check only one) ► ☒ 501(c) 3 ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ►

M Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990 PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 460,932

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a		113,510		
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c		265,964		
	d	Total (add lines 1a through 1c) (cash $ 329,109 noncash $ 50,365)				1d	379,474
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	2,961.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	116
	5	Dividends and interest from securities				5	
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
	7	Other investment income (describe ►)				7	
			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory		8a			
	b	Less cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a		76,331		
	b	Less direct expenses other than fundraising expenses	9b		30,564		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			STATEMENT 1	9c	45,767
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	2,050.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	430,368
EXPENSES	13	Program services (from line 44, column (B))				13	327,822
	14	Management and general (from line 44, column (C))				14	54,601.
	15	Fundraising (from line 44, column (D))				15	17,195.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	399,618
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	30,750
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	78,219
	20	Other changes in net assets or fund balances (attach explanation)				20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	108,969

RECEIVED
1115
NOV 0 6 2003
IRS-OSC
OGDEN, UT

2
G13

SCANNED NOV 1 0 2003

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

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 (att sch) (cash $ ____ non-cash $ ____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	88,260	67,960	15,004	5,296
26 Other salaries and wages	26	62,000	47,740	10,540	3,720
27 Pension plan contributions	27				
28 Other employee benefits	28	12,310	9,478	2,093	739
29 Payroll taxes	29	12,974	9,990	2,206	778
30 Professional fundraising fees	30				
31 Accounting fees	31	25,472	19,613.	4,331	1,528
32 Legal fees	32				
33 Supplies	33	8,209	6,321	1,395	493
34 Telephone	34	5,478	4,218	931	329
35 Postage and shipping	35	16,544	12,739.	2,812	993
36 Occupancy	36				
37 Equipment rental and maintenance	37	8,501	6,545	1,446	510
38 Printing and publications	38	23,584	18,160	4,009	1,415
39 Travel	39	2,360	1,817	401	142
40 Conferences, conventions, and meetings	40				
41 Interest	41	301	232	51	18
42 Depreciation, depletion, etc (attach schedule)	42	67	51	12	4
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	133,558	122,958.	9,370	1,230
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	399,618	327,822	54,601	17,195

Joint Costs Check ► ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ 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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 4 (Grants and allocations $)	327,822.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), program services) ►	327,822

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of year amounts only*

				(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing			36,862	45	63,577
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	50,652			
	b Less allowance for doubtful accounts	47b		55,226	47c	50,652
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes & loans receivable (attach sch)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			3,431.	53	4,145
	54 Investments – securities (attach schedule) ► ☐ Cost ☐ FMV				54	
	55a Investments – land, buildings, & equipment basis	55a	9,872			
	b Less accumulated depreciation (attach schedule) STATEMENT 5	55b	9,805	135	55c	67
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a				
	b Less accumulated depreciation (attach schedule)	57b			57c	
	58 Other assets (describe ►)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			95,654	59	118,441
LIABILITIES	60 Accounts payable and accrued expenses			13,783	60	7,275
	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)				64b	
	65 Other liabilities (describe ► SEE STATEMENT 6)			3,652	65	2,197
	66 **Total liabilities** (add lines 60 through 65)			17,435	66	9,472
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			59,469	67	88,550
	68 Temporarily restricted			18,750	68	20,419
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ► ☐ 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, column (B) **must** equal line 21)			78,219	73	108,969
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			95,654	74	118,441

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements ►	a	621,472
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $ 160,540		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) SEE STM 7 $ 30,564		
	Add amounts on lines (1) through (4) ►	b	191,104
c	Line a minus line b ►	c	430,368
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ►	e	430,368

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ►	a	590,722
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $ 160,540		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) SEE STMT 8 $ 30,564		
	Add amounts on lines (1) through (4) ►	b	191,104
c	Line a minus line b ►	c	399,618
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ►	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ►	e	399,618

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		62,000	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 [X] No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions.)

			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 ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
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 in Part III.) — 82b: 160,540			
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?	85b	N/A	
	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			
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 on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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) organizations* 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) organizations* 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) organizations* 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, 2002 (See instructions.) — 90b: 4			
91	The books are in care of ► DEMETRI MOSHOYANNIS Telephone number ► 95-4137742; Located at ► 621 N SAN VICENTE BLVD , WEST HOLLYWOOD ZIP + 4 ► 90069			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* – Check here N/A ► ☐ 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 instructions.)

Note. Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a CLINICS					651.
b SUBSCRIPTIONS					2,310.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	116	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					45,767.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			1	2,050	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,166	48,728

105 **Total** (add line 104, columns (B), (D), and (E)) ► 50,894

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 instructions.)

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)
93A-B	ALL PROGRAM REVENUE DIRECTLY RELATE TO THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE
101	FUND RAISING EVENTS - PROMOTING COMMUNITY AWARENESS OF THE ORGANIZATION'S GOALS
	AND NEEDS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign ► [signature] MOSHOYANNIS 11/03/03

Signature of officer Date

[redacted] , EXECUTIVE DIRECTOR

Date 9/1?/03 Check if self [ ] Preparer's SSN or PTIN (see General Instruction W)

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545 0047

2002

Name of the organization: BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION

Employer identification number: 95-4137742

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See 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 and 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 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		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule **A** (Form 990 or 990-EZ) 2002

TEEA0401L 01/22/03

Part III Statements About Activities (See instructions)

		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 ► $ N/A **(Must equal amounts on line 38,** Part VI-A, or line i of Part VI B)	1		X
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			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)*			
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)? SEE FORM 990, PART V	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See **Note** below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *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*

Part IV Reason for Non-Private Foundation Status (See 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)

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 instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	365,896	356,147	398,765	324,898	1,445,706
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	32,045.				32,045
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 organ ization after June 30, 1975	260	272	224.		756
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 10		13,022			13,022
23 Total of lines 15 through 22	398,201	369,441	398,989	324,898	1,491,529
24 Line 23 minus line 17	366,156	369,441	398,989	324,898	1,459,484
25 Enter 1% of line 23	3,982	3,694	3,990	3,249	

26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24 ► 26a 29,190

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ► 26b 40,810

c Total support for section 509(a)(1) test Enter line 24, column (e) ► 26c 1,459,484

d Add Amounts from column (e) for lines 18 756 19 ______ 22 13,022. 26b 40,810 26d 54,588

e Public support (line 26c minus line 26d total) ► 26e 1,404,896

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f 96 26 %

27 Organizations described on line 12· N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person ' **Do not file this list with your return.** Enter the sum of such amounts for each year

(2001) ____________ (2000) ____________ (1999) ____________ (1998) ____________

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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) **Do not file this list with your return.** 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

(2001) ____________ (2000) ____________ (1999) ____________ (1998) ____________

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 from 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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

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

N/A

			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?	29		
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?	30		
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?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a		
	b Admissions policies?	33b		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?	33f		
	g Athletic programs?	33g		
	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check ► a [ ] if the organization belongs to an affiliated group Check ► b [ ] if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

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			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)			
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 other means			
i Total lobbying expenditures (add lines **c** through **h**.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
ANNUAL SPIRIT OF HOPE AWARD DINNER	76,331	0	76,331	30,564	45,767
TOTAL	$ 76,331	$ 0	$ 76,331	$ 30,564	$ 45,767

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CLINIC EXPENSES	4,304	4,304		
CONSULTING	15,255	11,746	2,594	915
DUES & SUBSCRIPTIONS	510	393	86	31
IN-KIND MATERIAL	50,365	50,365		
INSURANCE	9,481	7,300	1,612	569
NEWSLETTER	6,834.	6,834		
OTHER EXPENSES	8,431	6,492	1,433	506
OUTREACH AND EDUCATION	17,213	17,213		
OUTSIDE SERVICE	21,100.	16,247	3,587	1,266
PROGRAM INCENTIVES	1,803	1,803		
SPECIAL EVENT ALLOCATION	-2,077			-2,077
VOLUNTEER EXPENSES	339	261	58	20
TOTAL	$ 133,558	$ 122,958	$ 9,370	$ 1,230

STATEMENT 3
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EMPOWER, PROMOTE & COORDINATE COMMUNICATION, EDUCATION AND COOPERATION BETWEEN PEOPLE WITH AIDS OR DIAGNOSED AS SERO-POSITIVE TO HIV

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
BEING ALIVE IS AN ORGANIZATION BY AND FOR PEOPLE LIVING WITH HIV/AIDS THAT PROVIDES EMOTIONAL SUPPORT (PEER COUNSELING, NEEDS ASSESSMENT, SUPPORT GROUPS), PREVENTION, ADVOCACY (PERSONAL AND POLITICAL), HOLISTIC HEALTH (MASSAGE, YOGA, CHIROPRACTIC, ACUPUNCTURE) AND EDUCATION (MEDICAL UPDATES, NEWSLETTER, SPEAKERS' BUREAU, WEBSITE) SERVICES IN THE PAST		

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
FISCAL YEAR, WE SERVED 241 NEW CLIENTS AND MORE THAN 650 UNDUPLICATED TOTAL CLIENTS WITH A VARIETY OF THESE SERVICES THE MAJORITY OF OUR MEMBERSHIP IS LIVING IN POVERTY AND COME FROM UNDERSERVED COMMUNITIES INCLUDING PEOPLE OF COLOR, GAY MEN, AND WOMEN		327,822
	$ 0	$ 327,822

STATEMENT 5
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	$ 4,417	$ 0.	$ 4,417
MACHINERY AND EQUIPMENT	5,455	0	5,455
MISCELLANEOUS	0	9,805	-9,805
TOTAL	$ 9,872	$ 9,805	$ 67

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED VACATION	$ 2,197.
TOTAL	$ 2,197

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENTS EXPENSE	$ 30,564.
TOTAL	$ 30,564

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENTS EXPENSE	$ 30,564
TOTAL	$ 30,564

STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GUY BECK 6628 GENTRY AVENUE NORTH HOLLYWOOD, CA 91606	BOARD MEMBER AS NEEDED	$ 0	$ 0	$ 0
RON BUCKMIRE 1633 CAMPUS ROAD LOS ANGELES, CA 90041	BOARD MEMBER AS NEEDED	0	0	0
SCOTT L. FESIK 6628 GENTRY AVENUE NORTH HOLLYWOOD, CA 91606	BOARD MEMBER AS NEEDED	0	0	0
THOMAS HALSTEAD 980 NORTH PALM AVENUE, #303 W HOLLYWOOD, CA 90069	BOARD MEMBER AS NEEDED	0	0	0
HOWARD JACOBS 1125 ½ NORTH OGDEN DRIVE W HOLLYWOOD, CA 90046	TREASURER AS NEEDED	0	0	0
HOWARD JACOBS 1125 ½ NORTH OGDEN DRIVE W HOLLYWOOD, CA 90046	BOARD MEMBER AS NEEDED	0	0	0
KAYE OSTBERG 841 PACIFIC STREET, APT C SANTA MONICA, CA 90405	TREASURER AS NEEDED	0	0	0
STANTON J PRICE 706 CAVANAGH ROAD GLENDALE, CA 91207	SECRETARY AS NEEDED	0	0	0
BRAD SEARS 2236 NORTH ALVARADO STREET LOS ANGELES, CA 90039	PRESIDENT AS NEEDED	0	0.	0
WALT SENTERFITT 930 FIGUEROA TERRACE, #307 LOS ANGELES, CA 90039	BOARD MEMBER AS NEEDED	0	0	0
ALFRED HERRERA 1260 OZETA TERRACE WEST HOLLYWOOD, CA 90069	EXECUTIVE DIREC 40	62,000	0	0
	TOTAL	$ 62,000	$ 0	$ 0

STATEMENT 10
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	$ 0	$ 13,022	$ 0	$ 0	$ 13,022
TOTAL	$ 0	$ 13,022	$ 0	$ 0	$ 13,022

Form 8868
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note: *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868*

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note *Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only* ► [ ]

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions

Name of Exempt Organization: BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION

Employer identification number: 95-4137742

Number street, and room or suite number If a P O box see instructions: 621 N SAN VICENTE BLVD

City town or post office For a foreign address see instructions / state / ZIP code: WEST HOLLYWOOD, CA 90069

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990 T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ► [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the **whole** group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 11/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for
► [ ] calendar year 20 ____ or
► [X] tax year beginning 4/01, 20 02, and ending 3/31, 20 03

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ 0

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ 0

Signature and Verification

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 correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date ►

BAA For Paperwork Reduction Act Notice, see instructions Form **8868** (12-2000)

FIFZ0501L 07/25/02