Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning APR = 1, 20142015 and ending MAR 31, C Name of organization D Employer identification number B Check if applicable: BEING ALIVE / PEOPLE WITH AIDS ACTION Address change COALITION, INC. Name change 95-4137742 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ∏Final return/ 7531 SANTA MONICA BOULEVARD 100 323-874-4322 370,798. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende WEST HOLLYWOOD, CA 90046 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GARRY BOWIE for subordinates? ____ Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: WWW.BEINGALIVELA.ORG H(c) Group exemption number Association Other 🕨 Year of formation: 1987 M State of legal domicile: CA K Form of organization; X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT AND SERVICES FOR PEOPLE Governance LIVING WITH HIV/AIDS Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 398,301. 346,847. Contributions and grants (Part VIII, line 1h) 0._ 0. Program service revenue (Part VIII, line 2g) Ō. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 3,445. ٥. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 398,301. 350.292. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ِ ، 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 209,669. 201,888. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25)

21,043. 191,935. 179,216. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 401,604. 381,104. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,303. -30,812. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 100,256. 69,283. 20 Total assets (Part X, line 16) 31,840. 31,679. 21 Total liabilities (Part X, line 26) 37,604. Net assets or fund balances. Subtract line 21 from line 20 68,416. Part II | Signature Block 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. Signature of officer Sign GARRY BOWIE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Check Preparer's signature TAYIIKA M. DENNIS TAYIIKA M. DENNIS 02/11/16 self-employed P01575149 Paid 95-2399533 Firm's EIN 🔈 Prenarer Firm's name NSBN LLP Firm's address > 9454 WILSHIRE BLVD., 4TH FLOOR Use Only Phone no. (310)273-2501 BEVERLY HILLS, CA 90212-2907

May the IRS discuss this return with the preparer shown above? (see instructions)

BEING ALIVE / PEOPLE WITH AIDS ACTION 95-4137742 Page 2 Form 990 (2014) COALITION, INC. Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: BEING ALIVE IS A CALIFORNIA NONPROFIT ORGANIZATION CREATED AND OPERATED BY AND FOR PEOPLE LIVING WITH HIV/AIDS THAT ENGENDERS A SENSE OF INDEPENDENCE AND SELF-DETERMINATION IN ITS MEMBERS AND BUILDS A HEALTHIER AND MORE POWERFUL COMMUNITY OF HIV-POSITIVE PEOPLE. BEING Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? if "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 322,948. including grants of \$) (Revenue \$) (Expenses \$ _ OUR GOAL AT BEING ALIVE IS TO HELP OUR MEMBERSHIP OVERCOME THESE OBSTACLES AND TO TAKE CONTROL OF THEIR LIVES AND THEIR HEALTH. WHILE MANY AGENCIES HAVE HAD TO CUT BACK STAFF, HOURS AND SERVICES, BEING ALIVE HAS ACTUALLY INCREASED SERVICES TO MEET THE NEEDS OF OUR GROWING MEMBERSHIP: PSYCHOTHERAPY, ACUPUNCTURE, CHIROPRACTIC, HYPNOTHERAPY, YOGA, EMOTIONAL SUPPORT GROUPS, SOCIAL EVENTS AND CERAMICS, LIFE SKILLS WORKSHOPS, PREVENTION WORKSHOPS, MEDICAL UPDATES, AND THE SPEAKER'S BUREAU ARE ALL OPERATING AT CAPACITY. IN JANUARY, WE ARE ADDING ANOTHER DAY OF ACUPUNCTURE AND THREE ADDITIONAL MENTAL HEALTH TRAINEES. WE RECENTLY STARTED A SPANISH LANGUAGE GROUP THAT HAS GROWN TO AN AVERAGE OF 30 MEMBERS IN ATTENDANCE. AS THE NUMBERS OF NEWLY DIAGNOSED CONTINUE TO RISE IN LOS ANGELES COUNTY, WE ARE VERY OFTEN THE FIRST ______ including grants of \$ ______) (Revenue \$ ______) (Code: _____) (Expenses \$

				•				

					 i i			
4d	Other program s	ervices (Describe	e in Schedule (O.)				
	(Evnenses \$		includir	ng grants of \$) (R	evenue \$.)	

e Total program service expenses ► 322,948.

Form 990 (2014)

Page 3

COALITION, INC.

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Χ 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete X 8 Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? |f "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes." complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х 15 foreign organization? If "Yes." complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes." X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2014)

Par	tiv Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			32
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			~ *
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete]	
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			40.00
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? f "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	if "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
٠.	Part V, line 1	34		X
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ا	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			T
B.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
	More: All Louis and under a desiration as desiration as a desiration and a) (OOT

Form 9 Part		95-4137	, EZ	Га	ge 5
Pan					
	Charle if Cahadula O contains a response or note to any line in this Part V				
	Check if Schedule O contains a response or note to any line in this Part V	ALL MANYOUP		Vac I	No
		l 1a 4	ASSAURACE DE LA CONTRACTOR DE LA CONTRAC	Yes	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b E	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable				
ငေါ်	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable ganling	100 G	X	OHION!
(gambling) winnings to prize winners?	i i	1c	-22	180.480
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_ _			
f	filed for the calendar year ending with or within the year covered by this return			v	
ь	f at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	(Salesa)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)		0.38565	77
	Did the organization have an other re-		<u> 3a</u>		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	**********	X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	.ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
			6a	· ·	X
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
D	were not tax deductible?		6b		L
7	Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
â 			7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
		7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	<u></u>	7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		76	********	
f	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
	If the organization received a contribution of cars, poats, airplanes, or other vertices, did the organization	d by the	1000	(60) (40)	give in
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by inc	8	************	A TANDAR CO
	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		9a	s personaliza	2011.03
	Did the sponsoring organization make any taxable distributions under section 4966?			╫	+
b	Did the sponsoring organization make a construction		9b		- graphic
10	Section 501(c)(7) organizations. Enter:	1.0			
а	Initiation fees and capital contributions included on Part VIII, line 12		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
a	Gross income from members or shareholders	11a	- 150		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		2003011000		
	amounts due or received from them.)	11b			PARTE
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041?	12a		a chiane.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		85016		<u>Hancold</u>
a	Is the organization licensed to issue qualified health plans in more than one state?		13a	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1
-	Note. See the instructions for additional information the organization must report on Schedule O.				
b	and the state of t	1 1			1
	organization is licensed to issue qualified health plans	13b			
С	many and a second of the control of the second		29 E		
•			142		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				

95-4137742 COALITION, INC. Form 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7а more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12¢ in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website → Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records:

GARRY BOWIE, EXECUTIVE DIRECTOR - 323-874-4322

7531 SANTA MONICA BOULEVARD, NO. 100, WEST HOLLYWOOD

90046 Form 990 (2014)

statements available to the public during the tax year.

Form 990 (2014)	COALITION, INC	•	33-413//42
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Part VII Compensatio	on of Unicers, Directors	ingrees, ize muhioacos	11191100 aniibailana
	and Independent Contra		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any re								sate T	d any current off	icer, dir	ector, or trustee.	,
(A)					(C)			(D)	1	(E)	(F)
Name and Title	- A	verage	(do	hotich	⊃osit eck.m	tion care t	han o	ne I	Reportable		Reportable	Estimated
	ho	urs per	box.	unles	s pers	son is	both	an	compensation	on	compensation	amount of
	. \	week		officer and a dir			director/trustee)		from		from related	other
		st any	ector		İ				the	l	organizations	compensation
		ours for	or dis	۰			ated		organizatio		(W-2/1099-MISC)	from the
	1	elated	stee	ruste		6	sued		(W-2/1099-MI	SC)		organization and related
	1 -	nizations	al tru	. Jeuo		ploye	E 93			1		organizations
		pelow	individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				Organizations
		line)	<u> </u>	Ë	ō	35	E 8	æ			rates rates	1/2-1
(1) MICHAEL MURPHY	<u> </u>	5.00	,,		57					0.	0.	0
PRESIDENT		E 00	X		X					U .	U	
(2) PATRICK SULLIVAN	<u> </u>	5.00			V.7					0.	0.	0
SECRETARY		E 00	Х		Х			_		U «	0.	
(3) CRAIG TAYLOR	<u> </u>	5.00								0.	0.	0
DIRECTOR		<u> </u>	X	<u> </u>			-			U e	U e	
(4) HILLEL WASSERMAN	-	5.00	. ,							0.	0.	0
DIRECTOR		- 00	Х	<u> </u>		<u> </u>		<u> </u>		U .	0.	
(5) CARLA FORD		5.00	١.,					1		0.	0.	0
DIRECTOR			X	<u> </u>	<u> </u>	_	<u> </u>			<u> </u>	0.	<u> </u>
(6) GARRY BOWIE	4	0.00	4							~ a =		,
EXECUTIVE DIRECTOR			<u> </u>	<u> </u>	X	<u> </u>	<u> </u>		70,	315.	0.	0
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Form **990** (2014)

orm 990 Part VI			Move	es.	and	Hic	hes	t Co	ampensated Employee	s (continued)				
	(A)	(B) (C)						///	(D) (E)				F)	
	Name and title	Average	/		Posit	tion		nno.	Reportable	Reportable		Esti	nated	
	1.00	hours per	box.	unle	ss per: d a dir	son i	s both	an	compensation	compensation			unt o	i
		week (list any	 	Jer all	u a u	FECTO	170 031	.00)	from the	from related organizations		comp	ther ensati	on
		hours for	directo				_		organization	(W-2/1099-MIS			n the	J, 1
		related	JO Bei	istee			ensate		(W-2/1099-MISC)	`		orga	nizatio	n
		organizations	l trust	naltri		loyee	Gemp)				AAA		relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1	organ	izatio	าร
		11110)	<u>=</u>	=	5	\$	1	12			-			
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1b C	ıb-total	con-		-	1			>	70,815.		0.			0.
e Te	otal from continuation sheets to Part \	II, Section A							0.		0.			0.
d To	ntal (add lines 1b and 1c)								70,815.		0.			0.
2 To	otal number of individuals (including but	not limited to t	hose	e list	ed a	.bov	e) w	ho r	eceived more than \$100	0,000 of reportable	3			,
co	ompensation from the organization				·····			~~~		-Michigan Control Cont			Yes	No
		P							highest compandated	amployee on			103	
	id the organization list any former office											3	Margareta.	X
lir	ne 1a? <i>If "Yes," complete Schedule J for</i> or any individual listed on line 1a, is the s	such individua rum of reportal	l de c	omr		atio	n an	d of	ther compensation from	the organization				
4 F	or any individual listed on line 1a, is the tanded or any individual listed on the 1a, is the tanded and individual listed on the 1a, is the tanded on the 1a, is the 1a,	50.000? <i>If</i> "Ye	s # c	omr	olete.	Scl	hedu	le J	for such individual			4		Х
5 D	id any person listed on line 1a receive or	accrue compe	ensa	tion	from	ı an	y un	rela	ted organization or indiv	idual for services				
	endered to the organization? If "Yes," co											5		X
Sectio	n B. Independent Contractors													×
1 C	omplete this table for your five highest o	ompensated in	ndep	end	ent d 	cont	tract	ors	that received more than	\$100,000 of com	pensa	ation fro	om	
tł	ne organization. Report compensation fo	r the calendar	year	enc	ling v	with	orv	vithi	in the organization's tax (B)	year.		(0	2)	
	(A) Name and busines	s address	N	10N	Œ				Description of	services	/	Compe		n
	V27	1000												
											<u> </u>			
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	ing , and ,										 			
											 			
2 7	Total number of independent contractors	(including but	not	limi	ted t	o th	iose	liste	ed above) who received	more than				
	\$100,000 of compensation from the orga						0		L/Actional and analysis of the second	#GATL-GUILLEN				gwiti

COALITION, INC.

Form 990 (2014)

95-4137742

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Form **990** (2014)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (**D)** Revenue excluded Related or Total revenue from tax under sections 512 - 514 business exempt function revenue revenue 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts. 1b Membership dues 27,515. c Fundraising events 1c 10 d Related organizations 247,426. 1e e Government grants (contributions) & All other contributions, gifts, grants, and 71,906. similar amounts not included above Q Noncash contributions included in lines 1a-1f: \$ 346,847 h Total. Add lines 1a-1f Business Code 2 a Program Service Bevenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 27,515. of contributions reported on line 1c). See 20,506. Part IV, line 18 20,506. b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 3,445. 3,445. 11 a MISCELLANEOUS REVENUE 900099 d All other revenue 3,445. e Total. Add lines 11a-11d 350,292 3,445. 0. Total revenue. See instructions.

Form 990 (2014)

COALITION, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A. Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising (A) Program service expenses Do not include amounts reported on lines 6b, Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 11,996. 8,997. 49,822. 70,815. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 80,644. 80.644. Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 673. 505. 32,430. 33,608. Other employee benefits 9 1,344. 1.008. 14,469. 16.821. 10 Payroll taxes Fees for services (non-employees): a Management b Legal _____ 3,380. 3,380. c Accounting _____ d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 20,390. 20,390. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,195. 7,213. 27,202. 17,794. Office expenses 13 Information technology 14 Royalties 15 9,654. 6,436. 80.450. 64,360. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 -----21 Payments to affiliates 367. 550. 3,667. 4,584. Depreciation, depletion, and amortization 22 974. 1,461. 12,176. 9,741. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 10,615. 10,615. OUTREACH AND EDUCATION 9,647. 9,647. b WELLNESS CENTER EXPENSE 561. 842. 5,610. 7,013. c REPAIRS AND MAINTENANCE 2,515. 2,515. d PROGRAM INCENTIVES 1,244. 1,244. e All other expenses 21.043. 37,113. 381,104. 322,948. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

Form 990 (2014)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 11,957. 1,264. Cash - non-interest-bearing ------2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 29,825. 15,138. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part If of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 21,821. 17.180. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 62,802. basis, Complete Part VI of Schedule D 10a 27,101. 35,701. 36,653. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 100.256. 69,283. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 31,679. 19,485. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 12,355. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 31,840. 31,679. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 68,416. 37,604. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 37,604.68,416. 33 33 Total net assets or fund balances 100,256. 69,283. 34 Total liabilities and net assets/fund balances

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION INC.

Earna	990 (2014) COALITION, INC.	95-4137	742	Pag	e 12
	t XI Reconciliation of Net Assets				
********	Check if Schedule O contains a response or note to any line in this Part XI				
	CHECK II OCHOOLIC O CONTAINO A POOSANIOS SI TIALO CALIF				
4	Total revenue (must equal Part VIII, column (A), line 12)	1	350	, 29	}2.
2	Total expenses (must equal Part IX, column (A), line 25)	2	381	.,10	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	-30),81	2.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	3,41	6.
5	Net unrealized gains (fosses) on investments	5	minute Committee		
6	Donated services and use of facilities	6			
7	Investment expenses	7	Almoso		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				IIIII AAAAAAAAAA
10	column (B))	10	37	7,60)4.
Pa	t XIII Financial Statements and Reporting	0.04.0000000000000000000000000000000000			
L	Check if Schedule O contains a response or note to any line in this Part XII				
	Official II defined a despense of the design in the second of the design in the second of the second	6		Yes	No
4	Accounting method used to prepare the Form 990: Cash X Accrual Other				
3	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Oderstand and the control of the con		2a		X
28	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis, consolidated basis Consolidated basis Both consolidated and separate basis				
Į.	Were the organization's financial statements audited by an independent accountant?		2b		X
Ð	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
C	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
J a	Act and OMB Circular A-133?		За		Х
v _	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
IG.	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	or dudits, capitain with in confedure or and decomes any deeps and the distribution of the second		Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

BEING ALIVE / PEOPLE WITH AIDS ACTION

Employer identification number

2014

OMB No. 1545-0047

Open to Public Inspection

Agine Oi u	•	DALITION, INC.				1 9	5-4137742
Part	CC Reason for Pub	lic Charity Status(A	Il organizations must cor	nplete this	part.) See i		
		oundation because it is: (F					2000-
ine organi	A shursh convention	of churches, or association	of churches described i	n section	170(b)(1)(A	۸)(i).	
		section 170(b)(1)(A)(ii). (
2	A school described in	ative hospital service orga	nization described in sec	ction 170/b	ν 1)(Α)(iii).		
3 📙	A nospital or a cooper	ganization operated in con	junction with a hospital o	described in	section :	170(b)(1)(A)(iii). Enter	the hospital's name,
4		gariization operated in our	janotion min a maraja				
,	city, and state:	ted for the benefit of a col	lege or university owned	or operated	by a gove	rnmental unit describ	ed in
5	section 170(b)(1)(A)(i		,	-			
6	A fodoral state or loc	al government or governm	ental unit described in s	ection 170	(b)(1)(A)(v)		
6 L 7 X	An organization that n	normally receives a substar	ntial part of its support fro	om a govern	nmental un	it or from the general	public described in
7 <u>X</u>	section 170(b)(1)(A)(\(\sigma\)		the state of the s	J			
•	A community trust de	scribed in section 170(b)	1VAV(vi). (Complete Part	II.)			
9	An organization that r	normally receives: (1) more	than 33 1/3% of its supp	ort from co	ntributions	, membership fees, a	nd gross receipts from
3 L	activities related to its	s exempt functions - subject	t to certain exceptions, a	and (2) no n	nore than 3	3 1/3% of its support	from gross investment
	income and unrelated	business taxable income	(less section 511 tax) fro	m business	es acquire	d by the organization	after June 30, 1975.
	See section 509(a)(2)						
10	An organization organ	nized and operated exclusi	vely to test for public saf	ety. See se	ection 509	(a)(4).	
11	An organization organ	nized and operated exclusi	ively for the benefit of, to	perform the	e functions	of, or to carry out the	e purposes of one or
•	more publicly suppor	ted organizations describe	d in section 509(a)(1) o	r section 5	09(a)(2). S	ee section 509(a)(3).	Check the box in
	lines 11a through 11c	d that describes the type o	f supporting organization	and comp	lete lines 1	1e, 11f, and 11g.	
a	Type I. A supportin	g organization operated, s	upervised, or controlled	by its suppo	orted orgar	nization(s), typically by	y giving
	the supported orga	inization(s) the power to re	gularly appoint or elect a	majority of	the directo	ors or trustees of the s	supporting
	organization. You r	must complete Part IV, S	ections A and B.				
b	Type II. A supporti	na organization supervised	l or controlled in connect	tion with its	supported	organization(s), by ha	aving
	control or manager	nent of the supporting org	anization vested in the sa	ame person	is that cont	trol or manage the sup	pported
	organization(s). Yo	u must complete Part IV,	Sections A and C.				
c [Type III functional	lly integrated. A supportir	ng organization operated	in connecti	on with, ar	nd functionally integra	ted with,
	its supported organ	nization(s) (see instructions	s). You must complete l	Part IV, Sec	ctions A, 🏻), and E.	
d [Type III non-funct	ionally integrated. A sup	porting organization oper	ated in con	nection wi	th its supported organ	nization(s)
	that is not function	ally integrated. The organi	zation generally must saf	isfy a distri	bution requ	irement and an atten	tiveness
	requirement (see in	nstructions). You must co	mplete Part IV, Section:	s A and D,	and Part V	.	
e	Check this box if the	he organization received a	written determination fro	m the IRS t	that it is a \ceil{that}	Type I, Type II, Type II	i
	functionally integra	ated, or Type III non-function	onally integrated supporti	ing organiza	ation.		
f Enf	ter the number of supp						
g Pro		rmation about the support	ed organization(s).	five to the or	rganization	(v) Amount of monetary	/ (vi) Amount of
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	i [isted i	n your	support (see	other support (see
	organization		above or IRC section	governing	1 . 1	Instructions)	Instructions)
			(see instructions))	Yes	No		
				+			
				 			
		·		 			
		upus usang seja buasi santa-		4. <u>1000</u> 455	CHEANIN		

Schedule A (Form 990 or 990-EZ) 2014 COALITION, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total (a) 2010 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not 2044225. 398,301. 346,847. 380,912. 402,982. 515.183. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 402,982 398,301. 346,847. 2044225. 380,912 515,183. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 18,243. column (f) 2025982. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2014 (c) 2012 (d) 2013 (f) Total (a) 2010 (b) 2011 Calendar year (or fiscal year beginning in) 402,982398,301 346,847 2044225. 380,912. 515,183. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 103. 78. 25. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 5,950. 1,642 3,445 13,362 2,325. assets (Explain in Part VI.) 2057690. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.46 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 97.85 15 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to der the tests listed below please complete Part II.)

Section A. Public Suppo	>pt					
	71 C			1		D-Mossing Com-
Calendar year (or fiscal year begin	nning in) 🕨 (a) 20	010 (b) 2	2011 (c) 2012	2 (d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions						
membership fees received	I				1	
include any "unusual grant		ļ				
2 Gross receipts from admis						
merchandise sold or service						
formed, or facilities furnish						
any activity that is related						
organization's tax-exempt						XCCCAID
3 Gross receipts from activit	1					
are not an unrelated trade	or bus-					
iness under section 513						- course in the
4 Tax revenues levied for the	e organ-					
ization's benefit and either	r paid to	ļ		6		
or expended on its behalf					2000	
5 The value of services or fa	acilities					
furnished by a governmen	ntal unit to					
the organization without o						
6 Total, Add lines 1 through						
7a Amounts included on lines						
3 received from disqualifie	1			į.		
b Amounts included on lines 2 and 3	·					
from other than disqualified person						
exceed the greater of \$5,000 or 1%	6 of the					
amount on line 13 for the year						
c Add lines 7a and 7b	200 (1944) 100 (1944)					
8 Public support (Subtract line 7						
Section B. Total Suppo	rt					
Calendar year (or fiscal year begi	inning in) 📂 💹 (a) 🛭	2010 (b)	2011 (c) 201	2 (d) 2013	(e) 2014	(f) Total
9 Amounts from line 6		****				
10a Gross income from intere	est,					
dividends, payments rece		1				i .
securities loans, rents, ro and income from similar s			İ			
b Unrelated business taxable in		-				
(less section 511 taxes) from						
,						
acquired after June 30, 1975						
c Add lines 10a and 10b				and an order or an order or an order or an order or an order or an order or an order or an order or an order or		
11 Net income from unrelate activities not included in l	aa business i			1		
		3			1	
	line 10b,					
whether or not the busine regularly carried on	line 10b, ess is		å			
whether or not the busine regularly carried on	line 10b, ess is clude gain					
whether or not the busine regularly carried on	line 10b, ess is clude gain capital					
whether or not the busing regularly carried on	line 10b, ess is clude gain apital l.)					
whether or not the busing regularly carried on	line 10b, ess is clude gain apital l.)	anization's first, so	econd, third, fourth, or	fifth tax year as a sect	ion 501(c)(3) organiz	ation,
whether or not the busine regularly carried on	line 10b, ess is clude gain apital l.) co. 11, and 12.) corm 990 is for the org					
whether or not the busing regularly carried on	line 10b, ess is clude gain apital l.)					
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Schedule A (Form 990 or 990-EZ) 2014 COALITION, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sched	lule A (Form 990 or 990-EZ) 2014 COALITION, INC.	95-4137742	≟ Pa	ge 5
Pari				
		i deservation t	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		SHEET I	HERREY.
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		politica (Marines,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	okumine.	(4500-0100-01)
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	tion C. Type II Supporting Organizations	·		1
		-constitution	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 4		<u> </u>
Sec	tion D. Type III Supporting Organizations	0-400-009	1	1
		SAMPLE AND COMMISSION	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	х		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			138139
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Describer.	. 100.00.30
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	130000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	s sedance	. Julianesia
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructions):		
а	The state of the Activities Test. Consulate fire O. below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions)	
2	Activities Test. Answer (a) and (b) below.	100000000000000000000000000000000000000	Yes	: No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	in the second		
	that these activities constituted substantially all of its activities.	2a	C 100 V 10	.,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	100000		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			4 IV
	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		
	Common Co			

	lule A (Form 990 or 990-EZ) 2014 COALITION, INC.			0-4137744 Page 6
Par		<u>g Organ</u>	izations	
o도 철	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instruc	tions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	(7)
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		- 12-18/ASDV/Y-1 -
2	Recoveries of prior-year distributions	2	2000-0-	OMBANIES:
3	Other gross income (see instructions)	3		- +
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		TOWN TOWN TOWN
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	VIII - VI	- Many House Livery Court
7	Other expenses (see instructions)	7		WANGALIMAN CONTRACTOR
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	Personal Contract of the Contr	tantestamento -
Sect	on B - Minimum Asset Amount	S. Harry	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):	2011000		
	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	3100111111111	400-00-00-00-00-00-00-00-00-00-00-00-00-	
·	factors (explain in detail in Part VI):	30000 E		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Gurrent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_ 3 _4	Enter greater of line 2 or line 3	4		
_ 4 _	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
ø	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function.	-	ited Type III supporting orga	nization (see
,	instructions).	, 0		

Schedule A (Form 990 or 990-EZ) 2014

Sched	lule A (Form 990 or 990-EZ) 2014 COALITION, INC	7 - · a)(0) Cumparting Organ		o-413/742 Page 7
Pan		al(a) anhhorning ar Aar	iizations (continuea)	Current Year
	on D - Distributions	nnt numacaa		Current real
	Amounts paid to supported organizations to accomplish exert Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	parposes or supported		
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	E IIII I I I I I I I I I I I I I I I I	LAMADYWYTH .
	Amounts paid to acquire exempt-use assets	o or supported organizations	i and is more	
	Qualified set-aside amounts (prior IRS approval required)	Alexand Carrier		- constitution of
	Other distributions (describe in Part VI). See instructions.		MARKS TOWN	TO MANUAL CAN
	Total annual distributions. Add lines 1 through 6.	1007-00-		
	Distributions to attentive supported organizations to which the	e organization is responsive		
•	(provide details in Part VI). See instructions.			4K
9	Distributable amount for 2014 from Section C, line 6	200		O. P. Califfornia
	Line 8 amount divided by Line 9 amount			(
		· (i)	(ii)	(iii)
٠.	E Pittiliania Albandiana (ana inakusatiana)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7:			
	line 7: \$ Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
		 Long to residence to resolve to the property of the resolve to the property of th	白寶 마음 사람들 아내는 그는 학교를 다 사용할 때 하는 사람들이 되었다. 그 사람들이 아무리를 하는 것이 하는 것이 하는 것은 사람들이 함께 함께 함께 함께 하는 것이다.	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2014 COALITION, INC. 95-4137742 P Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 95-4137742 Page 8 Also complete this part for any additional information. (See instructions).

BEING ALIVE / PEOPLE WITH AIDS ACTION

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALISON BROD PUBLIC RELATIONS	51,015.	9,861
AMERICAN GENERAL LIFE INSURANCE	45,690.	4,536
THOMAS HERRERA EXECUTOR	45,000.	3,846
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Total Excess Contributions to Schedule A, Part II, Line 5	·	18,243

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

Employer identification number

95-4137742

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Name of organization

Employer identification number BEING ALIVE / PEOPLE WITH AIDS ACTION 95-4137742 COALITION, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person AIDS PROJECT LOS ANGELES 1 Payroll 18,155. Noncash 300 3550 WILSHIRE BLVD., STE. (Complete Part II for noncash contributions.) LOS ANGELES, CA 90010 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X CITY OF WEST HOLLYWOOD Person 2 Payroll 101,266. Noncash 8300 SANTA MONICA BOULEVARD (Complete Part II for noncash contributions.) WEST HOLLYWOOD, CA 90069 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. COUNTY OF LOS ANGELES, OFFICE OF AIDS Person 3 PROGRAMS AND POLICY Payroll 146,160. Noncash 5300 WEST TEMPLE STREET, ROOM 502 (Complete Part II for noncash contributions.) LOS ANGELES, CA 90012 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 4 EUGENE KAPALOSKI Payroll 10,000. Noncash 7531 SANTA MONICA BLVD., SUITE 100 (Complete Part II for noncash contributions.) WEST HOLLYWOOD, CA 90046 (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No.

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
423452 11-0	J5-14	Schedule B (For	m 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

95-4137742

art II N	oncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	97 - HCO/-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
-			
		Sahadula P (Farm	990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

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()	АĿ	T.T.	$_{\perp \cup}$	IVI .	TMC	æ

PLE WITH AIDS ACTION 95-4137742

Part III	the year from any one contributor. Complete Colul completing Part III, enter the total of exclusively religious, ch.	nns (a) through (e) and the ronow aritable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations so for the year. (Enter this info. Once.)
(a) No.	Use duplicate copies of Part III if additional sp	(c) Use of gift	(d) Description of how gift is held
Part I			
_		1000 1000 1000 1000 1000 1000 1000 100	
		(e) Transfer of gift	
_	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
-		(
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
_	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
12.0			
		(e) Transfer of gif	ft
		Relationship of transferor to transferee	
-	Transferee's name, address, and	1ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>_</u>		(e) Transfer of g	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
		i	The state of the s

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

Internal Revenue Service

Name of the organization

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

Employer identification number 95-4137742

Par	Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
luneau man	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	. ACADOMIC	
2	Aggregate value of contributions to (during year)	- 190-1971	
	Aggregate value of grants from (during year)	L COLOR PORTOR COLOR	
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advi		
	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Par			V. C. HARRISON
L	Purpose(s) of conservation easements held by the organization	W. A. ADWEST .	
1	Preservation of land for public use (e.g., recreation or edu-		storically important land area
	Protection of natural habitat	· ———	rtified historic structure
	Preservation of open space	i reservation or a ce	randa mistorio stractare
^		Leanagration contribution in the form	of a consequetion excement on the last
2	Complete lines 2a through 2d if the organization held a qualified	Conservation community in the form	of a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Voca
	Table 1 of a constitution accomments		Held at the End of the Tax Year
a	Total number of conservation easements		
b			1 1
	Number of conservation easements on a certified historic struct		
ď	Number of conservation easements included in (c) acquired after		
	listed in the National Register) e that the term of the term	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation easen		_
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and ent		
8	Does each conservation easement reported on line 2(d) above s		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the organization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of A	of Historical Tragelline of	thar Similar Accate
Fai			fiici Onimai Assots.
	Complete if the organization answered "Yes" to Form 99	100000	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items;		h
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ial gain, provide
	the following amounts required to be reported under SFAS 116		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	ule D (Form 990) 2014 COALITIC	N, INC.				\		413//4		ige 🚄
Part		ollections of Art	, Histor	ical Irea	asures, or C	otner a	imilar Ass	sets _{(conti}	inued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
1	(check all that apply):									
а	Public exhibition	d			ange program:					
b	Scholarly research	е	o	ther				Manager -		
c	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
	to be sold to raise funds rather than to be ma	intained as part of th	ne organiz	zation's col	lection?	<u></u>		Yes		<u>No</u>
Part			ete if the o	organizatior	n answered "Ye	es" to Fo	orm 990, Part	IV, line 9, or	r	
	reported an amount on Form 990, Par			············			A CONTRACTOR OF THE PARTY OF TH	17.11		
	Is the organization an agent, trustee, custodia	an or other intermed	iary for co	ontributions	or other asset	s not inc	cluded			,
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ble:						,
								Amou	nt	
С	Beginning balance						1c		- WA	
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
0.	Did the organization include an amount on Fo	orm 990 Part X line	21 for es	scrow or cu	istodial accoun	t liability	!?	Yes		No
	If "Yes," explain the arrangement in Part XIII.						,	—	🗀	Ī
Dar	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" to For	m 990. Part IV	line 10.				<u> </u>
I GI	Taged Tite autout Combiere	(a) Current year		ior year	(c) Two years			back (e) Fo	ur vears	back
			(<u>D) F1</u>	ior year	(c) Two years	Dault (2) 111100 youro	Back (C) 1 C	ur youro	Buon
	Beginning of year balance	/A 6070								
	Contributions	440	· · · ·				•			
	Net investment earnings, gains, and losses		 		-					
d	Grants or scholarships									
е	Other expenditures for facilities		ļ							
	and programs				-					
f	Administrative expenses								·····//	
g	End of year balance		<u></u>							A
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c shou									
20	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administere	d for the	organization			
Ja							_		Yes	No
	by: (i) unrelated organizations							3a(
										1
_										1
	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the		owinent I	ai iuə.			/I-///			
ral	t VI Land, Buildings, and Equipn Complete if the organization answere		n Davi IV	ling 11a C	Cas Form 990 E	Dart Y li	ne 10			
					it or other		cumulated	(A) D	ook valu	
	Description of property	(a) Cost or			or other		reciation	(0) 0	bok vait	д е
	AND THE STREET, STREET	basis (invest	unent)	มสรเร	(Other)	nah	i oviduoi i			
1a	Land							31		
b	Buildings							1		
С	Leasehold improvements									
d	Equipment		·····				00 400		<u> </u>	704
e	Other				<u>52,802. </u>		27,101		<u>35,7</u>	
7.4	L Add lines to through to (Onlymn (d) must	several Forms OOO Box	+ V onlun	on (P) line	1001		>	.	35,7	01.

	INC.		95-	413//42 Page
Part VII Investments - Other Securities.		o = 000 B	17/11/10	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b. See Form 990, P	art x, line 12. lluation: Cost or end-	of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Va	ildation. Oost of end	· ·
) Financial derivatives			· · · · · · · · · · · · · · · · · · ·	40-00-
) Closely-held equity interests				All CARPOTT CONTROL CO
s) Other			NOTE:	· · · · · · · · · · · · · · · · · · ·
(A)				-2AWA
(B)				
(C)				
(D)		1	1000	
(E)		10000 00 00 00 00 00 00 00 00 00 00 00 0	- Mary	-47
(F)			- Name of the second se	Joseph Ado
(G)	1007		West Control	
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1, Santa (p. 1, Sa		
Part VIII Investments - Program Related.		44 - Coa Form 000 F	out V line 13	
Complete if the organization answered "Yes"	to Form 990, Part IV, line (b) Book value	(c) Method of v	aluation: Cost or end	of-year market value
(a) Description of investment	(D) DOOK VALUE	(3)		- 1117-1
(1)			ibro '	
(2)				
(3)	<u> </u>			
(4)			- Cook	
(5)			* 1007	
(6)	1			
(7)				107
(8)			- 600	W. W.
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			Addition .	1 1 1 1 1 1 1 1
Complete if the organization answered "Yes	s" to Form 990. Part IV. line	e 11d, See Form 990,	Part X, line 15.	
	a) Description			(b) Book value
(1)				
(2)	1000			
(3)				
(4)	<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>			
(5)		1111		
(6) (7)		- Son		
(8)				
Total. (Column (b) must equal Form 990. Part X. col. (B)	line 15)		>	
Part X Other Liabilities.	L. T. classiciani, Company			
Complete if the organization answered "Ye	s" to Form 990, Part IV, lin	e 11e or 11f. See Forr	n 990, Part X, line 25	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)			4	
(3)	.,			
			 And Control of the Cont	
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

95-4137742 Page 4 COALITION, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b _4b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 5 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) | Part XIII | Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE PART XII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSE

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990.

BEING ALIVE / PEOPLE WITH AIDS ACTION Employees

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 95-4137742

COALITION, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations 13 Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or \neg_{No} key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," first the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid (iv) Gross receipts tò (or retained by) (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity òrganization or entity (fundraiser) listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

BEING ALIVE / PEOPLE WITH AIDS ACTION 95-4137742 Page 2 Schedule G (Form 990 or 990-EZ) 2014 COALITION, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE SPIRIT OF (add col. (a) through AIDS WALK HOPE col. (c)) (total number) (event type) (event type) 48,021. 22,586 25,435. 1 Gross receipts 20,425. 27,515. 7,090. 2 Less: Contributions 20,506. 5,010 -15,496. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Rent/facility costs Food and beverages 8 Entertainment 15,496. 5,010. 20,506. Other direct expenses 20,506. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor No No

8 Net gaming income summary. Subtract line 7 from line 1, column (d)	>
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes No
b If "Yes," explain:	Form 990 or 990 F71 2014

Direct expense summary. Add lines 2 through 5 in column (d)

Sch	edule G (Form 990 or 990-EZ) 2014 COALITION, INC.	95-4137742 Page 3
11	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	1 8
	a The organization's facility	
ě	a An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	š.
	Name ▶	Address
	Address	
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amo	unt
	of gaming revenue retained by the third party > \$	
	c If "Yes," enter name and address of the third party:	
	Name >	. ALABOM III
	Address >	# AGE (00-000)
16		
10		
	Name >	DVMANA AVYY-C
	Gaming manager compensation > \$	
	Description of services provided	
	Description of Services provided	
		972044
	Director/officer Employee Independent contractor	
17	7 Mandatory distributions:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
	organization's own exempt activities during the tax year > \$	
P	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I	Part III, lines 9, 95, 105, 155,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
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Schedule G (Form 990 or 990-EZ) Part IV Supplemental Infor							ACTION	95-4137742	Page 4
Part IV Supplemental Infor	mation _{(co}	ontinued)					A STATE OF THE STA		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 900 or 990-EZ) and its instructions is at wayy in conformation.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
BEING ALIVE / PEOPLE WITH AIDS ACTION Emplo COALITION, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 95-4137742

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALIVE ACCOMPLISHES ITS MISSION THROUGH A COMPREHENSIVE ARRAY OF
EMOTIONAL SUPPORT, TREATMENT EDUCATION, PREVENTION, ADVOCACY, WELLNESS
AND SOCIAL SERVICES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REFUGE FOR PEOPLE LEARNING OF THEIR DIAGNOSIS. WE TRY TO BE AS
ACCESSIBLE AS POSSIBLE, AND ANYONE WHO COMES HERE IN CRISIS WILL SEE A
STAFF MEMBER OR TRAINED COUNSELOR IMMEDIATELY. WE OFFER EMOTIONAL
SUPPORT, SERVICES AND REFERRALS, AND MOST IMPORTANTLY, A THRIVING
COMMUNITY OF HIV+ PEOPLE WHO SHARE THEIR STRUGGLES AND OFFER HOPE TO
ONE ANOTHER. WE DO THIS WITH ONLY A FULL TIME STAFF OF FOUR, AND WE
COULDN'T POSSIBLY OFFER ALL THESE SERVICES WITHOUT OUR AMAZING POOL OF
VOLUNTEERS, WHICH NOW TOTALS OVER 120. THIS YEAR WE WERE ABLE TO OFFER
THE FOLLOWING SERVICES TO OUR MEMBERSHIP:
- INTAKES TO 274 NEW MEMBERS
- 2509 WELLNESS CENTER SESSIONS TO OUR MEMBERS
- 1785 SOCIAL RECREATIONAL ACTIVITIES TO OUR MEMBERS
- 254 SUPPORT GROUP SESSIONS (AVERAGE OF 12 PEOPLE ATTENDING EACH
SESSION)
- 1305 INDIVIDUAL MENTAL HEALTH COUNSELING SESSIONS
- OUR SPEAKER'S BUREAU REACHED THOUSAND OF HIGH SCHOOL AND COLLEGE
STUDENTS, EDUCATING AND ENLIGHTENING THEM ABOUT LIVING WITH HIV/AIDS
- INDIVIDUAL AND GROUP PEER LED RISK REDUCTION COUNSELING TO 173
MEMBERS

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.	Employer identification number 95-4137742
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR	APPROVAL PRIOR TO
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMI	TTTEE WITH
BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT	IIIAI AFI IIIID JIIII
SUCH PERSON:	DOX TOX
A. HAS RECEIVED A COPY OF THE CONFLICTS-OF-INTEREST I	ЬОГІСЛ
B. HAS READ AND UNDERSTANDS THE POLICY	1ANN ASSESSMENT ASSESS
C. HAS AGREED TO COMPLY WITH THE POLICY, AND	
D. UNDERSTANDS THAT THE CORPORATION IS A CHARITABLE	ORGANIZATION AND THAT
IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT	MUST ENGAGE
PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MO	RE OF ITS TAX-EXEMPT
PURPOSES.	
	- Lange - Lange
FORM 990, PART VI, SECTION B, LINE 15:	and the second s
THE EXECUTIVE DIRECTOR AND ALL OTHER STAFF RECEIVE A R	EVIEW ON AN ANNUAL
BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	1000
IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS	S, BEING ALIVE MAKES
AVAILABLE BY EMAIL, MAIL, OR IN PERSON THE FOLLOWING I	
UPON REQUEST: A. FORMS 990, ALL SCHEDULES, ATTACHMENTS, AND SUPPOR	RTING DOCUMENTS (FOR
THE SEVEN YEARS PRIOR TO THE REQUEST);	DOCHMENING.
B. APPLICATION FOR TAX-EXEMPTION AND ALL SUPPORTING	
C. IRS 501(C)(3) NONPROFIT STATUS DETERMINATION LETT 08-27-14	TER; Schedule O (Form 990 or 990-EZ) (2014
00°27° P1	

ichedule O (Form 990 or 990-EZ) (2014) Iame of the organization BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.	Employer identification number 95-4137742
D. CALIFORNIA FRANCHISE TAX BOARD NONPROFIT DETER	MINATION LETTER;
E. AUDITED FINANCIAL STATEMENTS (FOR THE SEVEN YE	ARS PRIOR TO THE
REQUEST);	
F. ARTICLES OF INCORPORATION;	· · · · · · · · · · · · · · · · · · ·
G. BYLAWS;	·
H. BOARD OF DIRECTORS ROSTER; AND	
I. CONFLICT OF INTEREST POLICY.	c
	ALIEST MARCO
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2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	0 PAGE 10 Description	Date Acquired	Method	Life	Оопу	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1 2	FURNITURE AND EQUIPMENT	VARIOUS VARIOUS	SL SL	5.00 15.00		16 16	1,299. 57,871.				1,299. 57,871.	1,299. 21,218.		0. 3,858.	1,299. 25,076.
3	COMPUTER FURCHASE * TOTAL 990 PAGE 10 DEFR	VARIOUS	sL	5.00		16	3,632. 62,802.				3,632. 62,802.	22,517.		726. 4.584.	726. 27,101,
				240)SIA											
100000															

428111 05-01-14 (D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562
Business or activity to which this form relates

Name(s) shown on return

BEING ALIVE / PEOPLE WITH AIDS ACTION COALLTION INC.

FORM 990 PAGE 10

95-4137742

	F		. 80			L - f	u aananlata Dart I
Part							500,000.
						-	300,000%
	tal cost of section 179 property plac					· 1——	2,000,000.
	reshold cost of section 179 property						4,000,000
	eduction in limitation. Subtract line 3					-	
5 Dol	llar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0				<u> </u>	
6	(a) Description of pr	operty	(b) Cost (busine	ess use only)	(c) Elected o	cost	
	0.0007		(0.000)		***		
	100						
		ADDITO.					
7 Lis	sted property. Enter the amount from	ı line 29		7			
	otal elected cost of section 179 propo					8	
	entative deduction. Enter the smaller						
	arryover of disallowed deduction from						
	usiness income limitation. Enter the						
	ection 179 expense deduction. Add I						
	ection 179 expense deduction. Add to arryover of disallowed deduction to 2					1	
				, , , , , , , , , , , , , , , , ,			Lawrence .
	Do not use Part II or Part III below for till Special Depreciation Allows	r ristea property. II.	nereciption (Denot inclu	de listed prope	rty 1		
Par							
14 S	pecial depreciation allowance for qua						
							eautosarr.
	roperty subject to section 168(f)(1) el						4,584.
	ther depreciation (including ACRS)		ALLE CONTROL OF THE C			. 16	4,304.
Par	t III MACRS Depreciation (Do n	ot include listed pr		-)		N	иномиченсти
			Section A				
	ACRS deductions for assets placed					17	
18 lf	you are electing to group any assets placed in ser	vice during the tax year in	to one or more general asset acco	unts, check here	>		
	Section B - Asset	s Placed in Servic	e During 2014 Tax Year	Using the Gene	eral Depreciat	ion Syst	
							em -
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	1
19a		(b) Month and year placed	(c) Basis for depreciation (business/investment use	(d) Recovery			1
19a h	3-year property	(b) Month and year placed	(c) Basis for depreciation (business/investment use	(d) Recovery			1
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b c	3-year property 5-year property 7-year property	(b) Month and year placed	(c) Basis for depreciation (business/investment use	(d) Recovery			1
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BEING ALIVE / PEOPLE WITH AIDS ACTION

COALITION, INC.

95-4137742 Page 2 Form 4562 (2014) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? No Yes Yes (e) ít. (b) (c) (9) Basis for depreciation Elected Date Business/ Method/ Depreciation Recovery Cost or Type of property section 179 (business/investment placed in investment period Convention deduction (list vehicles first) other basis use only) cost use percentage service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use S/L % S/L -S/L-% 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (d) (e) (a) (c) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No Yes Νo No 34 Was the vehicle available for personal use Yes Yes Nο No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." do not complete Section B for the covered vehicles Part VI | Amortization (f) (e) (c) (a)
Description of costs Amortizable amount Amortization Date amortization section period or percentage begins 42 Amortization of costs that begins during your 2014 tax year: 43 43 Amortization of costs that began before your 2014 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report

41 Do you meet the requirements concerning qualified automobile demonstration use?

Torm 8	368 (Rev. 1-2014)					Page 2
A If you	are filing for an Additional (Not Automatic) 3-Month	Extension, co	mplete only Part II and check this	xod		X
Jata C	inly complete Part II if you have already been granted a	ın automatic 3	month extension on a previously file	d Form 886	8.	
MOTE. C	our files for an Automotic 2-Month Extension com	inlete only Par	rt I (on page 1).			
Part		Extension	of Time. Only file the origina	al (no cop	ies needed).	
F C2K L	E Production of the state of th	- A	Enter filer's	identifying	number, see instr	uctions_
-	Name of exempt organization or other filer, see ins	etructions			lentification numbe	
Type o	BEING ALIVE / PEOPLE WITH	ATDS AC	TTON	. ,		
orint	N Company of the Comp	212626			95-4137742	2
ile by the	COALITION, INC.	v ooo inetrusti	ione	Social secu	rity number (SSN)	A
iling your	Number, Street, and room of sans not if a life as	THE FIRE	10113.			
eturn. Se	C/O 9454 WILSHIRE BLVD., 4	- favoiera addi	race, coo instructions	1.77		
instructio	City, town or post office, state, and zir odds	a toreign addi	ess, see mandedons.			
•	BEVERLY HILLS, CA 90212				- Andrews	
			Continue for a series was sum)		·	01
Enter t	ne Return code for the return that this application is for	(file a separat	e application for each return)			
	AND MANY SERVICES AND SERVICES	1				Return
Applic	ation	Return	Application			
ls For		Code	ls For			Code
Form 9	90 or Form 990-EZ	01			3624 (1831) 462 (1814) 464 (1831) 464 (1841)	500000000000000000000000000000000000000
Form 9	90-BL	02	Form 1041-A		· ************************************	08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		- O	11
Eorm (200-T (trust other than above)	06	Form 8870	40.11. × 00.00		12
STOP	Dent II if you were not already ma	nted an auton	natic 3-month extension on a prev IVE DIRECTOR - 7531	iously filed	Form 8868.	
 ♦ If the least l	I request an additional 3-month extension of time until For calendar year, or other tax year beginning If the tax year entered in line 5 is for less than 12 mont Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE AND ACCURATE TAX R	digit Group Exe and atte FEBRU APR 1 ths, check reas O OBTAIL	emption Number (GEN) ach a list with the names and EINs of ARY 15, 2016 , 2014 , and ending ending and ending ending ending ending ending ending ending en	If this is for fall membe	the whole group, or the extension is 31, 2015 of turn	TOT.
8a	If this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	, enter the tentative tax, less any		φ.	0.
	nonrefundable credits. See instructions.			8a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or	· 6069, enter a	ny refundable credits and estimated			
	tax payments made. Include any prior year overpayme	ent allowed as	a credit and any amount paid	684555	45	0.
	previously with Form 8868.			d8	\$	
С	Balance due. Subtract line 8b from line 8a. Include ye	our payment w	ith this form, if required, by using		_	0.
	FETTIC (Flastronia Endoral Tay Payment System), See	instructions.		<u>8c</u>	\$	U •
	Signature and Veri	ification mι	ist be completed for Part II	oniy.		II. 6
Unde it is t	r penalties of perjury, I declare that I have examined this form, ue, correct, and complete, and that I am authorized to prepare	, including accor e this form.	npanying schedules and statements, and	to the best of	my knowledge and t	oelief,
		le ▶ CPA		Date		
Oigile	RUI V				Form 8868 (Rev. 1-2014)

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	, INC. Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LEASEHOLD	VARIES VARIES		5.00 15.00	16 16	1,299. 57,871.			1,299. 57,8 71 .	1,299. 21,218.		0. 3,858.
	COMPUTER PURCHASE * TOTAL 990 PAGE 10 DEPR	VARIES	SL	5.00	16	3,632. 62,802.			3,632. 62,802.	22,517.		726. 4,584.

2015 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

BEING ALIVE / PEOPLE WITH AIDS ACTION INC.

COALITION, Amount Of Depreciation Basis For Depreciation Accumulated Depreciation Unadjusted Cost Or Basis Date Reduction In Asset Na, Method Life Description Acquired 1,299. 57,871. 1,299. Ō. 1,299. VARIESSL · 5.00 1 FURNITURE AND EQUIPMENT VARIESSL VARIESSL 15.00 5.00 3,858. 57,871. 25,076. 2 LEASEHOLD IMPROVEMENTS 726. 726. 3,632. 62,802. 3,632. 3 COMPUTER PURCHASE
* TOTAL 990 PAGE 10 DEPR 27,101. 62,802. 4,584.

428103 05-01-14

(D) - Asset disposed

*ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING MARCH 31, 2015

PREPARED FOR:

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC. 7531 SANTA MONICA BOULEVARD NO. 100 WEST HOLLYWOOD, CA 90046

PREPARED BY:

NSBN LLP 9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA 90212-2907

AMOUNT OF TAX:

NO PAYMENT REQUIRED

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE FTB.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING MARCH 31, 2015

PREPARED FOR:

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC. 7531 SANTA MONICA BOULEVARD NO. 100 WEST HOLLYWOOD, CA 90046

PREPARED BY:

NSBN LLP 9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA 90212-2907

MAIL TAX RETURN TO:

REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.

ENCLOSE A CHECK FOR \$75 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

TAXABLE YEAR 2014

California Exempt Organization Annual Information Return

428941 11-26-14 FORM

199

2002 GP 8				and the same of th	1000
2000	2014 or fiscal year beginning (mm/dd/yyyy) $04/01/2014$, and ending (yy) Iifornia corpora		L/2015 .
Corporation/Org		Cal	morrila corpore	WALL HOLLIDES	
	LIVE / PEOPLE WITH AIDS ACTION		15826	4.8	
	ON, INC.	FI	EIN		
Additional Inform	action. See instructions.		95-41	37742	2
Street address (s	uite or room)	1	PMB no.		
	NTA MONICA BOULEVARD, NO. 100				
City	MIA MONICA DOUBLINED, MOT 200	State	ZIP code		- CHARLES
*	OLLYWOOD	CA	90046		
Foreign country	Many Many Many Many Many Many Many Many		Foreign pos	stal code	
A First Retu	rn Yes X No J If exempt under R&TC S	Section 23	701d, has th	e organiza	tion
	Return • Yes X No engaged in political acti				
G IRC Section	on 4947(a)(1) trust Yes X No K Is the organization exer	npt under f	R&TC Section	n 23701gʻ	? ⊜ Yes X No
	mation Return? If "Yes," enter the gross	receipts fr	om nanmen	nber	
• <u> </u>	Dissolved Surrendered (Withdrawn) sources		,,		\$
@ n	Merged/Reorganized Enter date: (mm/dd/yyyy)	ot under R8	&⊤C Section	23701d	
	counting method: and meets the filing fee				77
(1)	Cash (2) X Accrual (3) Other fee is required.				
F Federal re	turn filed? M Is the organization a Lin				Yes X No
(1) 🚳 🔙		e Form 100	or Form 10	9 10	No. Van V
G Is this a g	group filing? See instructions. Test X No report taxable income? Tapization in a group exemption? Yes X No 0 Is the organization und	or gudit bu	the IDC or l	ano tha	Yes X No
	garman a green and	er auun uy mar a	ing tho of i	ias ilie	o Yes X No
If "Yes," w	that is the parent's name? IRS audited in a prior y	cair 094 nendir	 na 2		Yes X No
	rganization have any changes to its guidelines • Yes X No Date filed with IRS				
not renor	ted to the FTB? See instructions.				Marini
•	omplete Part I unless not required to file this form. See General Instructions B and C.		a		2000
1 (21 (1)	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	23,951.00
	Gross dues and assessments from members and affiliates		<i></i>	2	00
:	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	STM	1T 1 •	3	346,847.00
Receipts	Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B		s	4	370,798.00
and _	5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 6 6		00		
Revenues	6 Cost or other basis, and sales expenses of assets sold 6		00		
	7 Total costs. Add line 5 and line 6			7	00
L 140.	8 Total gross income. Subtract line 7 from line 4			8	370,798.00
Evnancae	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	401,610.00 -30,812.00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	/-
	11 Filing fee \$10 or \$25. See General Instruction F			11	N/A 00 00
Filing	12 Total payments			13	00
Fee	13 Penalties and Interest. See General Instruction J			14	00
	14 Use tax. See General Instruction K		®		- Control of the Cont
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	ments, and to	the best of m	y knowledge	and belief,
Cian	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based of an information of which p	Dat			Telephone
Sign	Signature of officer EXECUTIVE D.		•		23-874-8753
Here	Date	Ch	eck if	٥	PTIN
	Preparer's TAYIIKA M. DENNIS 02/11/	16 set	f-employed	- 🔲 P (015751 <u>49</u>
Paid	Firm's name				FEIN
Preparer's	(or yours, NSBN LLP				5-2399533
Use Only	employed) 9454 WILSHIRE BLVD., 4TH FLOOR				Telephone
•	and address BEVERLY HILLS, CA 90212-2907				310)273-2501
	May the FTB discuss this return with the preparer shown above? See instructions		<u></u> ⊗ [X	Yes	No

3651144

BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC.

95-4137742

428951 11-26-14

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all b	usiness	activities. See instructi	ons		1		<u> 20,506. oo</u>
	2	Interest		,	,		2		. 00
	3						3		00
Receipt	s L	Gross rents		,,,	***************************************		4		00
from							5		00
Other	1 6	Gross amount received from sale	of asse	ets (See Instructions)		49	6		00
Sources	, ,	7 Other income			SEE STA	TEMENT 2 •	7	VALUE	3,445.00
] 8	3 Total gross sales or receipts from	n other	sources. Add line 1 thro	ough line 7. Enter here and o	n Side 1, Part I, line 1	8		23,951 <u>. oo</u>
] ;	Contributions, gifts, grants, and	similar :	amounts paid			9		00
	10	Disbursements to or for member	rs				10		00
	1	Compensation of officers, direct	ors, and	trustees	SEE STA	TEMENT 3 •	11		70,815.00
	1:			.,			12		80,644.00
Expense	es 1	***************************************					13		16 021
and	1.						14		16,821.00
Disburs	e- 1						15		80,450.00
ments	1	6 Depreciation and depletion (See	instruct	ions)	and and	W MINGERSTEIN	16		4,584.00 148,296.00
	1	7 Other Expenses and Disburseme	ents		SEE STA	TEMENT 4 •	17		401,610.00
		8 Total expenses and disburseme	nts. Add			rti, ine 9	18	able ye	
Sche	dule	L Balance Sheets		Beginning of ta		(c)	01 147	anic yc	(d)
Assets			issinitectur	(a)	(b) 11,957.		100000	6	1,264.
1 Ca:					29,825.			<u>.</u>	15,138.
		nts receivable			27,0430				201250
		receivable			Contract Con				1
		s d state government obligations							acettos+mov-
		its in other bonds			* Manua			*	APALADA, TO
_		its in stock			HEATT.				- COLUMNIA - COLUMNIA
	ortgage								1400000
		estments	1960-1910		7/10/20 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			69	
		able assets		59,170.		62,80	02.		
		cumulated depreciation	(22,517.)	36,653.	(27,10)	L.)		35,701.
11 La	nd								
12 Ot	her ass	ets STMT 5	V10/4/5/4		21,821.			*	17,180.
		ets			100,256.			2112751144	69,283.
Liabilit	ies and	I net worth							24 680
14 Ac	counts	payable			19,485.			6	31,679.
		ions, gifts, or grants payable	Page 10 (1965)						-
16 Bo	onds an	d notes payable	(1) (A) (A)		WATER TO A STATE OF THE STATE O	224 32 (199 (2) (199 (3) (199 (4)			-
		s payable	550A(55)16		12,355.			@	
		ilities STMT 6	15 18 18 18 18 18 18 18 18 18 18 18 18 18		14,333.			*	
		ock or principal fund						*	
_		capital surplus. Attach reconciliation			68,416.	200410000000000000000000000000000000000			37,604.
		earnings or income fund	3000000		100,256.				69,283.
	edule	oilities and net worth M-1 Reconciliation of income		aka with inaama nas sa					
JUITE	=uult	Reconcination of income To not complete this set	; per 00 edule if	the amount on Schedul	e L, line 13, column (d), is le	ss than \$50,000.			
	at innar			-30,8		d on books this year		18 AN	
		ne per books ncome tax		9	not included in t	•		6	Administration 1
		f capital losses over capital gains		•	······································	nis return not charged		144.13	
		not recorded on books this year		•		come this year		8	
		s recorded on books this year not			9 Total. Add line 7			•	
	-	in this return		•	10 Net income per	return.			
		d line 1 through line 5		-30,8			• • • • • • • • • • • • • • • • • • • •		-30,812.

FORM 199	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	ST	'ATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AIDS PROJECT LOS ANGELES	3550 WILSHIRE BLVD., STE. 300 LOS ANGELES, CA 90010	11/21/14	18,155.
CITY OF WEST HOLLYWOOD	8300 SANTA MONICA BOULEVARD WEST HOLLYWOOD, CA 90069	03/01/15	101,266.
COUNTY OF LOS ANGELES, OFFICE OF AIDS PROGRAMS AND POLICY	5300 WEST TEMPLE STREET, ROOM 502 LOS ANGELES, CA 90012	03/31/15	146,160
CARLA FORD	7531 SANTA MONICA BLVD., SUITE 100 WEST HOLLYWOOD, CA 90046	09/10/14	5,000
EDISON INTERNATIONAL	2244 WALNUT GROVE AVE. ROSEMEAD, CA 91770	10/22/14	5,000
EUGENE KAPALOSKI	7531 SANTA MONICA BLVD., SUITE 100 WEST HOLLYWOOD, CA 90046	03/12/15	10,000
TOTAL INCLUDED ON LINE 3			285,581
FORM 199	OTHER INCOME	S	TATEMENT 2
DESCRIPTION	AND AND AND AND AND AND AND AND AND AND	A. Marian and A.	AMOUNT
MISCELLANEOUS REVENUE			3,445
TOTAL TO FORM 199, PART	II, LINE 7	man and Shaff	3,445

FORM 199	COMPENSATION OF	OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND AD	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MICHAEL MUR 7531 SANTA WEST HOLLYW	PHY MONICA BOULEVARD, OOD, CA 90046	NO. 100	PRESIDENT 5.00	0.
PATRICK SUL 7531 SANTA WEST HOLLYW	LIVAN MONICA BOULEVARD, JOOD, CA 90046	NO. 100	SECRETARY 5.00	0.
CRAIG TAYLO 7531 SANTA WEST HOLLYW	OR MONICA BOULEVARD, NOOD, CA 90046	NO. 100	DIRECTOR 5.00	0.
HILLEL WASS 7531 SANTA WEST HOLLYW	SERMAN MONICA BOULEVARD, VOOD, CA 90046	NO. 100	DIRECTOR 5.00	0.
CARLA FORD 7531 SANTA WEST HOLLYV	MONICA BOULEVARD,	NO. 100	DIRECTOR 5.00	0.
GARRY BOWII 7531 SANTA WEST HOLLY	E MONICA BOULEVARD, WOOD, CA 90046	, NO. 100	EXECUTIVE DIRECTOR 40.00	70,815.
TOTAL TO F	ORM 199, PART II,	LINE 11		70,815.

FORM 199	OTHER EXPENSES		STATEMENT 4
DESCRIPTION	-		AMOUNT
OUTREACH AND EDUCATION WELLNESS CENTER EXPENSE REPAIRS AND MAINTENANCE PROGRAM INCENTIVES DIRECT EXPENSES OF FUNDRAISING E OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES INSURANCE ALL OTHER EXPENSES	VENTS		10,615. 9,647. 7,013. 2,515. 20,506. 33,608. 3,380. 20,390. 27,202. 12,176. 1,244.
TOTAL TO FORM 199, PART II, LINE	E 17		148,296.
FORM 199	OTHER ASSETS		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CI	HARGES	21,821.	17,180.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	21,821.	17,180.
FORM 199	OTHER LIABILITIES		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		12,355.	0.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	12,355.	0.
FORM 199	FUND BALANCES		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		68,416.	37,604
TOTAL TO FORM 199, SCHEDULE L,	LINE 21	68,416.	37,604

Corporation Depreciation and Amortization



COPADITION , INC. 21 Fell Equity To Expense Certain Preparty Under IRC Section 179 1 Theorem according to the Control of Theorem and the Control of Theorem according to the	FEIN 95-4137742		199	FORM		DW.	Attach to Form 100 or Form 100
BEING ALIVE / PROFILE WITH AIDS ACTION COALTION, INC. Part I Election To Expense Cartain Property Under IRO Section 179 1 Maximum dedication under IRO Section 179 property blaced in example 179 2 Total cost of IRO Section 179 property placed in expense 2 at 1 Maximum dedication in Indication	California corporation number			- 10 17	.100		The Control of the Co
COALTITION, INC. Part1 Election To Expense Certain Property Under IRG Section 179 I Maximum description under IRG Section 179 for California 2 Total cost of IRG Section 179 property placed in services 3 Threshold cost of IRG Section 179 property placed in services 3 Threshold cost of IRG Section 179 property placed in services 4 Reduction in limitation, subtract line 3 from line 2.1 zero or less, other -0- 5 Dollar limitation subtract line 3 from line 2.1 zero or less, other -0- 5 Dollar limitation for laxeble years. Subtract line 4 from line 2.1 zero or less, other -0- 6 (a) Description of property 6 (b) Cost (custings use or liv) 7 Listed proserty (elected IRG Section 179 goops), Add amounts in column (c), line 8 and line 7 9 Tentality deduction. Enter the smaller of line 5 or line 3 9 Tentality deduction. Enter the smaller of line 5 or line 3 10 Carryovar of disallowed deduction from prior traceble years 11 Bus noss; income limitation. Enter the smaller of line 5 or line 3 12 LRIG Section 179 expense deduction. Add line 9 and line 10, lists fina razio) or line 5 11 Election and Election of Additional First Yest Expense Deduction Under RRIG Section 24556 12 LRIG Section 179 expense deduction. Add line 9 and line 10, lists line 12 or line 12 13 Carryovar of disallowed deduction to 201s. Add line 9 and line 10, lists line 12 or line 12 14 FURNITURE AND EQUIPMENT October 19 Depreciation and Election of Additional First Yest Expense Deduction Under RRIG Section 24556 14 FURNITURE AND EQUIPMENT WARTOUS 1, 299. 1, 299. SL 5.00 2 LEASEHOLD IMPROVEMBENTS WARTOUS 57, 871. 21, 218. SL 15.00 7 26 7 Depreciation and Election of Additional First Yest Expense Deduction (line 19 and column (line 19 and	4500640			S ACTION	ITH AI	PEOPLE W	BEING ALIVE /
Part Escalan To Express Centain Property Under IRC Section 179 property placed in service 2 1 1 1 1 1 1 1 1 1	1582648	V0			400		COALITION, INC
Maximum deduction under IRC Section 179 property before reduction in Interest 2 2 2 2 2 3 Threshold cost of IRC Section 179 property before reduction in Interest. 3 3 4 4 4 4 4 4 4 4				179	der IRG Secti	rtain Property Un	Part Election To Expense Ce
2 Total cost of IRC Section 1/19 property before reduction in limitation					r California	IRC Section 179 fo	1 Maximum deduction under l
8 Trestold cost of NC Section 179 property users resource in inflamental Property Reduction in inflamental Property Reduction in inflamental Property Reduction for travable year. Subtract time 4 from line 1, If zero or less, enter 0- 5 pollar limitation for travable year. Subtract time 4 from line 1, If zero or less, enter 0- 5 pollar limitation for travable year. Subtract time 4 from line 1, If zero or less, enter 0- 5 pollar limitation for travable year. Subtract time 4 from line 1, If zero or less, enter 0- 5 pollar limitation for travable years. 7 Listed property (elected IRC Section 178 crost) 8 Total elected cost of IRC Section 178 crost) 7 Total elected cost of IRC Section 178 crost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), IIne 6 and line 7	,				in service .	9 property placed	2 Total cost of IRC Section 17
4 Reduction in Initiation, Subtract time of them line 1. If zero or less, enter -9: (a) Description of property (b) Coef (business use only) (c) Elected coest (d) Description of property (e) Elected coest (e) Elected coest (f) Elected				n limitation	efore reductio	on 179 property be	3 Threshold cost of IRC Section
2 Section for tracible year. Subtreat time 4 horizon the Lit 200 (it less fluoriness use only) (e) Elected cost				ess, enter -0-	ne 2. If zero o	tract line 3 from li	4 Reduction in limitation. Sub
7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and lice 7 9 Tentative deduction. Either the smaller of lines or line 3 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction. Add line 9 and line 10, but do not exter more than line 11 12 IRC Section 179 expense deduction to 2015. Add line 9 and line 10, less fine 12 13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less fine 12 14 Description property (a) (b) (c) (c) (p) (c) (p) (d) (p) (d) (e) (f) (d) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f			<u></u>	zero or less, enter -0-	4 from line 1	year. Subtract line	5 Dollar limitation for taxable
1 1 1 1 2 2 2 2 3 3 3 3 3 3	(c) Elected Cost	(C)	(business use on	(b) Cost (b	rty	escription of prope	(a) De
7 Lists groperly (elected Int. Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 110 12 IRC Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 14 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 15 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 16 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12 17 Description property 18 Detax acquired (c) (c) (d) (Depreciation allowed or allowable in earlier years 19 Life or rate 19 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 11 Life or rate 12 LEASEHOLD INPRO VEMENTS 12 L99 ST. 5.00 0 0 2 LEASEHOLD INPRO VEMENTS 13 COMPUTER PURCHASE 14 LOUIS 3, 632 ST. SL. 15.00 3 COMPUTER PURCHASE 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 16 TOTALS 16 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 17 Total depreciation edgestered in made), enter the amount from line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal former 682C, line 2 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100w, Side 1, line 6. 19 Life or life or						·	6
7 Lists groperly (elected Int. Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 110 12 IRC Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 12 IRC Section 179 expenses deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 14 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 15 Carryover of disallowed deduction to 2015. Add line 9 and line 10, but do not enter more than line 11 16 Carryover of disallowed deduction to 2015. Add line 9 and line 10, less line 12 17 Description property 18 Detax acquired (c) (c) (d) (Depreciation allowed or allowable in earlier years 19 Life or rate 19 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 10 Life or rate 11 Life or rate 12 LEASEHOLD INPRO VEMENTS 12 L99 ST. 5.00 0 0 2 LEASEHOLD INPRO VEMENTS 13 COMPUTER PURCHASE 14 LOUIS 3, 632 ST. SL. 15.00 3 COMPUTER PURCHASE 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 16 TOTALS 16 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 17 Total depreciation edgestered in made), enter the amount from line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal former 682C, line 2 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100w, Side 1, line 6. 19 Life or life or					100		
8 Total elected cost of IRC Section 179 property. Acc amounts in country (1), the distribution of the semilar of line 8 or line 8 or line 8 or line 8 or line 9 or line 10 carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of line 2 or line 11 or line 12 in 12 in 12 in 12 in 13 or line 12 in 14 in 15 in			.,,,	,)	C Section 179 cost	7 Listed property (elected IRC
9 Tentative deduction. Enter the smaller of time to fill me to fill to Caryover of disallowed deduction from prior taxable years 11 Business income limitation, Enter the smaller of business income (not less than zero) or line 5 11 It Caryover of disallowed deduction Add line 9 and line 10, less time 12 12 IRC Section 179 expense deduction Add line 9 and line 10, less time 12 13 Caryover of disallowed deduction to 2015. Add line 9 and line 10, less time 12 14 I FURNITURE AND EQUIPMENT VARIOUS 1, 299 1, 299 SL 5.00 0 2 LEASEHOLD IMPROVEMENTS VARIOUS 57,871 21,218 SL 15.00 3,858 3 COMPUTER PURCHASE VARIOUS 3,632 SL 5.00 726 TOTALS 62,802 22,517 . 15 Add the amounts in column (th) The total of column (th) may not exceed \$2,000. See instructions for line 14, column (th) Part III Summary 16 Total dispression under Rat IC Section 24356, and the amounts on line 15, column (g); or Additional first year defection in smale), enter the amount from line 15, column (g) and (h), or Depreciation is leecting: 17 Total despension of line 14, column (h) Equation in the storage of the amounts on line 15 column (g) and (h), or Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 w, and using ment is necessary.) 18 Part IV Amounts are used to determine net income hefore state adjustments on Form 100 w, and using ment is necessary.) 19 Description of property Date acquired (mm/dd/yyyy) 20 Total Add the amounts in column (a) Description of property Date acquired (mm/dd/yyyy) 20 Total Add the amounts in column (a) Part IV Amounts are used to determine net income hefore state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 10 Description of property Date acquired (mm/dd/yyyy) 21 Total Add the amounts in column (a) Part IV Amounts are used to determine net income hefore state adjustments on Form 100 or Form 100W, no adjustment is necessary			nd line 7	in column (c), line 6 and	y. Add amoun	ection 179 property	8 Total elected cost of IRC Se
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Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

BEING ALIVE / PEOPLE WITH AIDS ACTION COALTITION, INC. 95-4137742 Part I Electronic Return Information (whole dollars only) 1 1 370, 798. 2 Total gross income (Form 199, line 8) 2 Total gross income (Form 199, line 8) 3 Total expenses and disbursements (Form 199, line 9) 5 Total expenses and disbursements (Form 199, line 9) 6 Account fluctuation of the Committee of the Expenses of the State of the Committee of the Expenses and disbursements (Form 199, line 9) 7 Type of account (Formation (For	TAXABLE YEA 2014	California e-fi Exempt Organ	le Return Autho nizations	rization for			8453-EO
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I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO officer's signature on form FTB 8453-EO officer's signature on form FTB 8453-EO officer's signature on form FTB 12 have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perj leading the paid preparer, under penalties of perj leading and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date	Part V Dec	claration of Electronic Return Ori	ginator (ERO) and Paid Pre	parer.	4.000		
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Sign if self-employed) and address 9454 WILSHIRE BLVD., 4TH FLOOR BEVERLY HILLS, CA Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid preparer's signature Paid preparer's PTIN Preparer Firm's name (or yours if self-employed) and address FEIN FEIN	. cianat			02/11/16 preparer	X emp		
BEVERLY HILLS, CA Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Paid Preparer Preparer Must Firm's name (or yours if self-employed) and address FEIN FEIN FEIN	if not	ample and the second				FEI	N 95-2399533
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For Privacy Notice, get FTB 1131 ENG/SP.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: ct 067972			Check if:			
BEING ALIVE / PEOPLE WITH AIDS ACTION COALITION, INC Amended of the control is a second control in the			ge of address ided report			
Name of Organization 7531 SANTA MONICA BOULEVARD, NO. 100 Corporate or Organization No. 1582648				1.0		
Address (Number and Street) WEST HOLLYWOOD, CA 90046 Federal Employer I.D. No. 95-4137742						
City or Town, State and ZIP Code						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee G	Bross Annual Revenue	<u>Fee</u>	Gross Annual Revenue	<u>Fee</u>	<u>:</u>	
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$150 \$225 \$300		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{04/01/2014}{10000000000000000000000000000000000$						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.						
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 				Yes	No X	
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					Х	
During this reporting period, did non-program expenditures exceed 50% of gross revenues?					Х	
 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 					Х	
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.					Х	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8						
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.					Х	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					X	
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?					X	
Organization's area code and telephone number 323-874-4322						
Organization's e-mail address						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
GARR Signature of authorized officer Printed	Name		EXECUTIVE DIRECTOR	Ð		
3.9 0 3. 33 22						

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT 8

CITY OF WEST HOLLYWOOD 8300 SANTA MONICA BOULEVARD WEST HOLLYWOOD, CA 90069

COUNTY OF LOS ANGELES, OFFICE OF AIDS PROGRAMS AND POLICY 5300 WEST TEMPLE STREET, ROOM 502 LOS ANGELES, CA 90012