

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

BCEFA'S MISSION IS TO (I)MOBILIZE THE UNIQUE ABILITIES WITHIN THE ENTERTAINMENT INDUSTRY TO MITIGATE THE SUFFERING OF INDIVIDUALS AFFECTED BY HIV/AIDS, (II) TO ENSURE DIRECT SUPPORT SPECIFICALLY THROUGH THE SOCIAL SERVICES AND PROGRAMS OF THE ACTORS FUND TO ALL INDIVIDUALS IN THE ENTERTAINMENT INDUSTRY AFFECTED BY CRITICAL HEALTH ISSUES, INCLUDING BUT NOT LIMITED TO HIV/AIDS, (III) TO SUPPORT ORGANIZATIONS ACROSS THE COUNTRY WHICH PROVIDE TREATMENT OR SERVICES FOR PEOPLE SPECIFICALLY AFFECTED BY HIV/AIDS AND THEIR FAMILIES, (IV) TO PROMOTE AND ENCOURAGE PUBLIC SUPPORT FOR NATIONAL AND INTERNATIONAL PROGRAMS AND SERVICES WHICH BENEFIT PEOPLE WITH HIV/AIDS, (V) TO INCREASE PUBLIC AWARENESS AND UNDERSTANDING OF HIV/AIDS THROUGH THE CREATION AND DISSEMINATION OF EDUCATIONAL MATERIALS, (VI) TO SUPPORT EFFORTS BY THE ENTERTAINMENT INDUSTRY TO ADDRESS OTHER CRITICAL HEALTH ISSUES OR RESPOND TO AN EMERGENCY, IN EACH CASE AS APPROVED BY THE BOARD OF TRUSTEES, AND (VII) TO SUPPORT EFFORTS BY TH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 14,814,198 including grants of \$ 14,814,198) (Revenue \$)
See Additional Data
























4b (Code) (Expenses \$ 5,511,376 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 20,325,574

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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 Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule J</i>	23 Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	115			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
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 Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c 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 organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 50		
	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		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 Yes	
3	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a Yes	
b	Each committee with authority to act on behalf of the governing body?	8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13	Did the organization have a written whistleblower policy?	13 Yes	
14	Did the organization have a written document retention and destruction policy?	14 Yes	
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?		
a	The organization's CEO, Executive Director, or top management official	15a Yes	
b	Other officers or key employees of the organization	15b Yes	
	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 taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

AL , AZ , AR , CO , CT , DE , DC , FL , GA , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , MT , NE , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , VT , VA , WA , WV , WI , WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

LARRY COOK DIRECTOR OF FINAN 165 WEST 46TH STREET SUITE 1300 NEW YORK, NY 10036 (212) 840-0770

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

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

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, or 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 related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,106,003	0	186,722

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0	
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Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c	2,169,177		
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	23,263,706		
g Noncash contributions included in lines 1a - 1f \$	118,991			
h Total. Add lines 1a-1f	25,432,883			

Program Service Revenue

	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue		0			
g Total. Add lines 2a-2f		0			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		56,518			56,518
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)			0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	117,277				
c Gain or (loss)	118,991				
d Net gain or (loss)	-1,714		-1,714		-1,714
8a Gross income from fundraising events (not including \$ 2,169,177 of contributions reported on line 1c) See Part IV, line 18	a	808,771			
b Less direct expenses	b	808,771			
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	313,540			
b Less cost of goods sold	b	242,776			
c Net income or (loss) from sales of inventory			70,764	8,532	62,232
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		0			
12 Total revenue. See Instructions		25,558,451	8,532	62,232	54,804

Part IX Statement of Functional Expenses

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,235,279	14,235,279		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	578,919	578,919		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	449,231	359,231	90,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	3,561,807	2,170,635	662,762	728,410
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	655,568	413,484	123,032	119,052
9 Other employee benefits.	854,131	538,723	160,297	155,111
10 Payroll taxes.	316,139	199,397	59,331	57,411
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	41,500		41,500	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	140,839	93,363	33,418	14,058
12 Advertising and promotion.	345,513	162,193	59,468	123,852
13 Office expenses.	288,652	127,648	103,935	57,069
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	890,077	561,678	167,128	161,271
17 Travel.	208,408	32,335	23,363	152,710
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	93,008	54,745	10,727	27,536
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	35,958	22,680	6,748	6,530
23 Insurance.	42,638	26,893	8,002	7,743
24 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 O):				
a CREDIT CARD COMMISSIONS	325,865	199,327	69,147	57,391
b PRODUCTION COSTS	970,427	306,054		664,373
c PURCHASE OF THEATER TICKETS	69,444	59,135	10,309	
d ONLINE PROCESSING FEES	69,915	44,097	13,121	12,697
e All other expenses	550,528	139,758	140,682	270,088
25 Total functional expenses. Add lines 1 through 24e.	24,723,846	20,325,574	1,782,970	2,615,302
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		733,078	1	1,043,416	
	2	Savings and temporary cash investments		2,063,045	2	3,654,647	
	3	Pledges and grants receivable, net		729,955	3	330,919	
	4	Accounts receivable, net		86,621	4	84,077	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	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 instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		308,805	8	330,133	
	9	Prepaid expenses and deferred charges		271,101	9	241,728	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	563,756			
	b	Less: accumulated depreciation	10b	463,424	81,151	10c	100,332
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		88,731	15	88,731	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,362,487	16	5,873,983		
Liabilities	17	Accounts payable and accrued expenses		194,016	17	218,196	
	18	Grants payable		0	18	651,000	
	19	Deferred revenue		171,054	19	417,196	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		764,782	25	1,686,585	
	26	Total liabilities. Add lines 17 through 25		1,129,852	26	2,972,977	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		2,856,596	27	2,455,991	
	28	Temporarily restricted net assets		376,039	28	445,015	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		
	33	Total net assets or fund balances		3,232,635	33	2,901,006	
	34	Total liabilities and net assets/fund balances		4,362,487	34	5,873,983	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,558,451
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,723,846
3	Revenue less expenses Subtract line 2 from line 1	3	834,605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,232,635
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,166,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,901,006

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 13-3458820
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

DIRECT GRANTS TO AIDS SERVICE ORGANIZATIONS TO PROVIDE DIRECT SERVICES, FOOD SERVICES, EMERGENCY ASSISTANCE AND HARM REDUCTION TO PERSONS LIVING WITH HIV/AIDS AND TO PROMOTE PREVENTION PROGRAMS AND RESEARCH GRANTS IN SUPPORT OF RELATED WOMEN'S HEALTH PROGRAMS AND FOR HEALTH CLINIC FACILITIES FOR THE UNINSURED IN THE ENTERTAINMENT INDUSTRY GRANTS ARE MADE TO OVER 500 ORGANIZATIONS NATIONWIDE

Form 990, Part III, Line 4b:

OUTREACH PROGRAMS TO PROVIDE INFORMATION, INCREASE AWARENESS, AND PROMOTE PUBLIC SUPPORT FOR MEN, WOMEN AND FAMILIES LIVING WITH AND/OR
AFFECTED BY HIV/AIDS THESE PROGRAMS ARE NATIONWIDE AND PROMOTE RED RIBBON RETAIL ITEMS, THEATER COMMUNITY OUTREACH ACTIVITIES, SCHOOL AND
COLLEGE THEATER PROGRAM OUTREACH, AND DANCE STUDIO AND CONVENTION PROGRAM OUTREACH THESE PROGRAMS REACH THOUSANDS OF YOUNG ADULTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT WANKEL PRESIDENT	2 0 0 0	X		X				0	0	0
PAUL LIBIN PRESIDENT EMERITUS	2 0 0 0	X		X				0	0	0
IRA MONT FIRST VICE PRESIDENT	2 0 0 0	X		X				0	0	0
THOMAS SCHUMACHER EXECUTIVE VICE PRESIDENT	2 0 0 0	X		X				0	0	0
MARY MCCOLL SECOND VICE PRESIDENT	2 0 0 0	X		X				0	0	0
SHERRY COHEN THIRD VICE PRESIDENT	2 0 0 0	X		X				0	0	0
JUDITH RICE SECRETARY	2 0 0 0	X		X				0	0	0
PHILIP BIRSH TREASURER	2 0 0 0	X		X				0	0	0
CORNELIUS BAKER TRUSTEE	2 0 0 0	X						0	0	0
JOE BAKER TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BARNES TRUSTEE	2 0 0 0	X						0	0	0
SCOTT BARNES TRUSTEE	2 0 0 0	X						0	0	0
JOSEPH BENINCASA TRUSTEE	2 0 0 0	X						0	0	0
DAVID BINDER TRUSTEE	2 0 0 0	X						0	0	0
CHRIS BONEAU TRUSTEE	2 0 0 0	X						0	0	0
BARRY BROWN TRUSTEE	2 0 0 0	X						0	0	0
KATE BURTON TRUSTEE	2 0 0 0	X						0	0	0
ROBERT CALLEY TRUSTEE	2 0 0 0	X						0	0	0
KATHLEEN CHALFANT TRUSTEE	2 0 0 0	X						0	0	0
GAVIN CREEL TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN CUMMING trustee	2 0 0 0	X						0	0	0
GAVIN DARRAUGH TRUSTEE	2 0 0 0	X						0	0	0
MICHAEL DAVID TRUSTEE	2 0 0 0	X						0	0	0
MARIA DI DIA TRUSTEE	2 0 0 0	X						0	0	0
PAUL DI DONATO TRUSTEE	2 0 0 0	X						0	0	0
SAM ELLIS TRUSTEE	2 0 0 0	X						0	0	0
RICHARD FRANKEL TRUSTEE	2 0 0 0	X						0	0	0
ROY HARRIS TRUSTEE	2 0 0 0	X						0	0	0
RICHARD HESTER PRESIDENT	2 0 0 0	X						0	0	0
RICHARD JAY-ALEXANDER TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERRY JONES TRUSTEE	2 0 0 0	X						0	0	0
NATHAN LANE TRUSTEE	2 0 0 0	X						0	0	0
JAY LAUDATO TRUSTEE	2 0 0 0	X						0	0	0
PETER LAWRENCE TRUSTEE	2 0 0 0	X						0	0	0
JOE MACHOTA TRUSTEE	2 0 0 0	X						0	0	0
NANCY MAHON TRUSTEE	2 0 0 0	X						0	0	0
KEVIN MCCOLLUM TRUSTEE	2 0 0 0	X						0	0	0
TERRENCE MCNALLY TRUSTEE	2 0 0 0	X						0	0	0
JERRY MITCHELL TRUSTEE	2 0 0 0	X						0	0	0
BERNADETTE PETERS TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHITA RIVERA TRUSTEE	2 0 0 0	X						0	0	0
JORDAN ROTH TRUSTEE	2 0 0 0	X						0	0	0
NICK SCANDALIOS TRUSTEE	2 0 0 0	X						0	0	0
ROBERT SCORE TRUSTEE	2 0 0 0	X						0	0	0
KATE SHINDLE TRUSTEE	2 0 0 0	X						0	0	0
PHILIP J SMITH TRUSTEE	2 0 0 0	X						0	0	0
CHARLOTTE ST MARTIN TRUSTEE	2 0 0 0	X						0	0	0
DAVID STONE TRUSTEE	2 0 0 0	X						0	0	0
TIM TOMPKINS TRUSTEE	2 0 0 0	X						0	0	0
CHANNING WICKHAM TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TOM VIOLA EXECUTIVE DIRECTOR	40 0 0 0			X				240,841	0	12,360
LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	40 0 0 0			X				175,744	0	28,814
DANIEL WHITMAN DIRECTOR OF DEVELOPMENT	40 0 0 0					X		159,532	0	50,590
VALERIE LAU-KEE LAI PRODUCING DIRECTOR	40 0 0 0					X		138,490	0	33,175
MICHAEL MCLEAN CONTROLLER	40 0 0 0					X		157,974	0	36,120
LANE BEAUCHAMP DIRECTOR OF COMMUNICATIONS	40 0 0 0					X		127,303	0	23,240
NATHAN HURLIN PRODUCTION MANAGER	40 0 0 0					X		106,119	0	2,423

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number

13-3458820

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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							
Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	21,064,222	21,051,146	22,613,466	24,247,343	25,432,883	114,409,060
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	21,064,222	21,051,146	22,613,466	24,247,343	25,432,883	114,409,060
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, column (f)						6,834,747
6	Public support. Subtract line 5 from line 4						107,574,313

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	21,064,222	21,051,146	22,613,466	24,247,343	25,432,883	114,409,060
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	615	1,053	8,394	36,961	56,518	103,541
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18	26				44
11	Total support. Add lines 7 through 10						114,512,645
12	Gross receipts from related activities, etc. (see instructions)					12	965,766
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 93.941 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 94.170 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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		

Section 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
1		
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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
2a		
b Did the activities described in (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 activities but for the organization's involvement		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		
3b		

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

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 13-3458820
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number
13-3458820

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements	222,574	165,393	57,181
d	Equipment	151,564	131,051	20,513
e	Other	189,618	166,980	22,638
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶			100,332

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION LIABILITY	1,686,585
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,686,585

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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,790,818
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	50,600
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	242,776
e	Add lines 2a through 2d	2e	293,376
3	Subtract line 2e from line 1	3	25,497,442
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	4a	
b	Other (Describe in Part XIII)	4b	61,009
c	Add lines 4a and 4b	4c	61,009
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	25,558,451

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	24,956,213
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	50,600
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	242,776
e	Add lines 2a through 2d	2e	293,376
3	Subtract line 2e from line 1	3	24,662,837
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	4a	
b	Other (Describe in Part XIII)	4b	61,009
c	Add lines 4a and 4b	4c	61,009
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	24,723,846

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-3458820
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	The Organization is subject to the provisions of the Financial Accounting Standards Board's Accounting Standards Codification ("ASC") Topic 740, Income Taxes, AS IT RELATES to accounting and reporting for uncertainty in income taxes. For the Organization, these provisions could be applicable to the incurrence of unrelated business taxable income ("UBTI") attributable to certain of its merchandise sales. Because the Organization has always recorded the potential liability for this tax, when applicable, and because of the Organization's general tax-exempt status, management believes ASC Topic 740 has not had, and is not anticipated to have, a material impact on the financial statements. SCHEDULE D, PART XI, LINE 2D COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$242,776. Schedule D, Part XI, Line 4B and Part XII, Line 4B Fees paid to on-line auction site of \$61,009 were netted against income within the financial statements, therefore revenue is grossed up by these fees within the tax return.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$242,776

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
BROADWAY CARESEQUITY FIGHTS AIDS INC

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-3458820

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					578,919
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					578,919

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	20
3	Enter total number of other organizations or entities	▶	

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR FOREIGN GRANT-MAKING BCEFA ASKS POTENTIAL GRANTEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY WOULD QUALIFY AS THE EQUIVALENT OF A U S CHARITY GRANTEES MUST SUBMIT FOLLOW-UP REPORTS TO BCEFA SHOWING HOW THE GRANT HAS BEEN UTILIZED SCHEDULE F, PART I, LINE 3, COLUMN F AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:
Software Version:
EIN: 13-3458820
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		423,257
North America			Grantmaking		119,100

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		36,562

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	30,000				
		North America	UNRESTRICTED	15,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	20,000				
		Sub-Saharan Africa	UNRESTRICTED	30,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	30,000				
		Sub-Saharan Africa	UNRESTRICTED	30,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	15,000				
		Sub-Saharan Africa	UNRESTRICTED	10,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	30,000				
		Sub-Saharan Africa	UNRESTRICTED	20,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	95,757				
		North America	UNRESTRICTED	15,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	17,500				
		North America	UNRESTRICTED	15,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	UNRESTRICTED	69,100				
		Europe (Including Iceland and Greenland)	UNRESTRICTED	36,562				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	20,000				
		Sub-Saharan Africa	UNRESTRICTED	20,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	UNRESTRICTED	20,000				
		Sub-Saharan Africa	UNRESTRICTED	30,000				

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

		(a) Event #1 BWAY BARES (event type)	(b) Event #2 FIRE ISLAND (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	872,918	645,825	1,459,205	2,977,948
	2 Less Contributions	491,006	581,334	1,096,837	2,169,177
	3 Gross income (line 1 minus line 2)	381,912	64,491	362,368	808,771
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	368,454	30,000	121,700	520,154
	7 Food and beverages				
	8 Entertainment			40,811	40,811
	9 Other direct expenses	13,458	33,191	201,157	247,806
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				808,771
	11 Net income summary Subtract line 10 from line 3, column (d) ►				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►					

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
12 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 410

3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
GRANT POLICY	BCEFA'S PROGRAM OFFICERS SELECT GRANTEEES BASED ON RECOMMENDATIONS OF MEMBERS OF THE BROADWAY COMMUNITY AS WELL AS RESEARCH TO FIND THOSE ORGANIZATIONS WHOSE PROGRAMS ARE INLINE WITH THE GENERAL MISSION OF BCEFA PRIOR TO GRANT DISBURSEMENT, BCEFA RESEARCHES THE ENTITY'S TAX-EXEMPT STATUS AND THEN FOLLOWS UP WITH THE ENTITY TO SEE HOW THE FUNDS WERE USED

Additional Data

Software ID:
Software Version:
EIN: 13-3458820
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1in6 16 N Marengo Ave Pasadena, CA 91101	13-4353019	501 (c) (3)	10,000				UNRESTRICTED
A BETTER PLACE 232 East 84th Street New York, NY 10028	13-3645176	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Community Resource Network Inc 2 Blacksmith Street Lebanon, NH 03766	22-3104237	501 (c) (3)	7,500				UNRESTRICTED
ABRAHAM IN MOTION PO BOX 986 NEW YORK, NY 10113	45-2929138	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AC CENTER TRILIUM HEALTH 259 MONROE AVE ROCHESTER, NY 14607	16-1356734	501 (c) (3)	7,500				UNRESTRICTED
ACCESS NETWORK INC 5710 North Okatie Highway Suite B Ridgeland, SC 29936	57-0958723	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTORS' EQUITY FOUNDATION 165 W 46TH STREET NEW YORK, NY 10036	13-2513378	501 (c) (3)	12,000				UNRESTRICTED
ADVOCATES FOR YOUTH 2000 M ST NW STE 750 WASHINGTON, DC 20036	52-1173590	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Services Committee Inc 429 West 127th Street 2nd Floor New York, NY 10027	13-3749744	501 (c) (3)	7,500				UNRESTRICTED
AFTER HOURS PROJECT INC 1204 Broadway Brooklyn, NY 11221	33-1007278	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGMA Emergency Relief Fund 1430 Broadway 14th Floor New York, NY 10018	13-6155701	501 (c) (3)	15,000				UNRESTRICTED
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309	58-1537967	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID UPSTATE 811 Pendleton Street Suite 10 Greenville, SC 29601	57-0848637	501 (c) (3)	10,000				UNRESTRICTED
AIDS ACTION BALTIMORE INC 10 East Eager Street Baltimore, MD 21202	52-1512614	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS ACTION COALITION OF HUNTSVILLE 600 ST CLAIR AVE BLDG 6 - STE 1 HUNTSVILLE, AL 35801	57-0889447	501 (c) (3)	7,500				UNRESTRICTED
AIDS Action Committee of Massachusetts 75 Amory Street Boston, MA 021190000	22-2707246	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS ALABAMA AIDS ALABAMA SOUTH 4321 DOWNTOWNER LOOP NORTH MOBILE, AL 36609	58-1989250	501 (c) (3)	20,000				UNRESTRICTED
AIDS ASSISTANCE PROGRAM 1276 N PALM CANYON DR 108 PALM SPRINGS, CA 92262	33-0566442	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS CARE OCEAN STATE 18 Parkis Avenue Providence, RI 02907	22-2929749	501 (c) (3)	10,000				UNRESTRICTED
AIDS Circle of Hope of North Central Texas PO Box 1963 Wichita Falls, TX 763071963	75-2576568	501 (c) (3)	12,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Community Resources Inc 627 West Genesee St Syracuse, NY 13204	16-1359060	501 (c) (3)	8,500				UNRESTRICTED
AIDS CONNECTICUT 110 Bartholomew Ave Ste 3050 Hartford, CT 06106	22-3014883	501 (c) (3)	12,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS DELAWARE 100 W 10TH ST 315 WILMINGTON, DE 19801	22-2805481	501 (c) (3)	7,500				UNRESTRICTED
AIDS Foundation Houston Inc 3202 Wesleyan Annex Houston, TX 77027	76-0073661	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Foundation of Chicago - HIV Prevention Justic 200 West Jackson Blvd Suite 2200 Chicago, IL 60606	36-3412054	501 (c) (3)	35,000				UNRESTRICTED
AIDS HELP INC 1434 Kennedy Drive -- Gordon Rollin Key West, FL 33040	59-2678740	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS Institute 17 Davis Blvd Suite 403 Tampa, FL 33606	65-0380952	501 (c) (3)	25,000				UNRESTRICTED
AIDS Law Project of Pennsylvania 1211 Chestnut Street Suite 600 Philadelphia, PA 19107	23-2576149	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS Leadership Foothills Area Alliance (ALFA) 1120 Fairgrove Church Road SE Suit Hickory, NC 28602	58-1842529	501 (c) (3)	7,500				UNRESTRICTED
AIDS MinistriesAIDS Assist of North Indiana Inc 201 S William Street South Bend, IN 46601	35-1902136	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS OUTREACH CENTER 400 North Beach Street Fort Worth, TX 76111	75-2139336	501 (c) (3)	12,500				UNRESTRICTED
AIDS PARTNERSHIP MICHIGAN UNIFIED-HIV HEALTH AND B 311 W GRAND BLVD 230 DETROIT, MI 48202	38-2464851	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS PROJECT LOS ANGELES 611 S Kingsley Drive Los Angeles, CA 900052319	95-3842506	501 (c) (3)	10,000				UNRESTRICTED
AIDS PROJECT NEW HAVEN 1302 Chapel Street New Haven, CT 06511	22-2506184	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS Project of Southern Vermont 15 Grove Street Brattleboro, VT 05302	22-2950456	501 (c) (3)	7,500				UNRESTRICTED
AIDS PROJECT OF THE OZARKS 1636 S GLENSTONE STE 100 SPRINGFIELD, MO 65804	43-1421252	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS Project Rhode Island PO Box 6688 Providence, RI 029406688	05-0417440	501 (c) (3)	17,500				UNRESTRICTED
AIDS RESOURCE CENTER OF WISCONSIN INC 820 N PLANKINTON AVE MILWAUKEE, WI 53203	39-1534049	501 (c) (3)	28,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS RESOURCE COUNCIL INC 315 West 10th Street Ste 112 Rome, GA 30165	58-2272225	501 (c) (3)	7,500				UNRESTRICTED
AIDS RESPONSE SEACOAST 1 Junkins Avenue 4th Floor Portsmouth, NH 03801	22-2884488	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS Service Association of Pinellas Inc 3050 1st Avenue South St Petersburg, FL 337121010	59-2862537	501 (c) (3)	7,500				UNRESTRICTED
AIDS SERVICE CENTER OF LOWER MANHATTAN 64 W 35TH ST 3RD FLOOR NEW YORK, NY 10001	13-3562071	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS Services Coalition PO Box 169 Hattiesburg, MS 39403	14-1855167	501 (c) (3)	10,000				UNRESTRICTED
AIDS Services Foundation Orange County (ASF) 17982 Sky Park Circle Suite J Irvine, CA 926146408	33-0126481	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS SERVICES OF AUSTIN INC 7215 CAMERON ROAD AUSTIN, TX 78762	74-2440845	501 (c) (3)	7,500				UNRESTRICTED
AIDS Services of Dallas PO Box 4338 Dallas, TX 75208	75-2144518	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AIDS UNITED 1424 K Street Suite 200 Washington, DC 20005	52-1706646	501 (c) (3)	35,000				UNRESTRICTED
Alaskan AIDS Assistance Association 1057 West Fireweed Lane Ste 102 Anchorage, AK 99503	92-0113788	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALBANY DAMIEN CENTER 646 STATE STREET Albany, NY 12203	22-3108995	501 (c) (3)	17,500				UNRESTRICTED
Albuquerque Health Care for the Homeless Inc PO Box 25445 Albuquerque, NM 871250445	85-0368993	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALI FORNEY CENTER 527 W 22nd St 1st FL New York, NY 10011	30-0104507	501 (c) (3)	10,500				UNRESTRICTED
ALIVENESS PROJECT 730 East 38th Street Minneapolis, MN 55407	41-1593900	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ALLIANCE FOR LIVING 154 Broad Street New London, CT 06320	06-1245514	501 (c) (3)	7,500				UNRESTRICTED
ALLIES FOR HEALTH & WELLBEING 59113 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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amFAR THE FOUNDATION FOR AIDS RESEARCH 120 WALL STREET 13TH FLOOR NEW YORK, NY 10005	13-3163817	501 (c) (3)	50,000				UNRESTRICTED
AMPLEHARVESTORG 23 Clover Road Newfoundland, NJ 07435	27-2433274	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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APEX COMMUNITY CARE 30 WEST STREET DANBURY, CT 06810	22-2951387	501 (c) (3)	7,500				UNRESTRICTED
ARTISTS STRIVING TO END POVERTY INC C/O MARY-MITCHELL CAMPBELL 165 W NEW YORK, NY 10036	20-4532991	501 (c) (3)	187,132				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ASIAN & PACIFIC ISLANDER COALITION ON HIVAIDS INC 400 BROADWAY NEW YORK, NY 10013	13-3706365	501 (c) (3)	7,500				UNRESTRICTED
Asian Americans for Community Involvement 2400 Moorpark Avenue Suite 300 San Jose, CA 95128	94-2292491	501 (c) (3)	10,000				UNRESTRICTED

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Asian Pacific AIDS Intervention Team (APAIT) 1730 W Olympic Blvd Ste 300 Los Angeles, CA 90015	95-1716914	501 (c) (3)	7,500				UNRESTRICTED
ASPIRE INDIANA HEALTH 9615 E 148TH ST STE 1 NOBLESVILLE, IN 46060	47-4391083	501 (c) (3)	7,500				UNRESTRICTED

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Atlanta Harm Reduction Coalition Inc PO Box 92670 Atlanta, GA 30318	58-2227958	501 (c) (3)	15,000				UNRESTRICTED
AUTISM DIRECTORY SERVICES PO BOX 73 WAPPINGERS FALLS, NY 12590	22-3191487	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BEHIND THE SCENES FOUNDATION 630 9TH AVE STE 609 NEW YORK, NY 10036	38-3715781	501 (c) (3)	25,000				UNRESTRICTED
Being Alive San Diego 3940 Fourth Ave Ste 130 San Diego, CA 92103	33-0439092	501 (c) (3)	10,000				UNRESTRICTED

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BETANCES HEALTH UNIT INC 280 HENRY STREET New York, NY 10002	13-2697725	501 (c) (3)	7,500				UNRESTRICTED
BIENSTAR HUMAN SERVICES 5326 East Beverly Boulevard Los Angeles, CA 90022	65-4505737	501 (c) (3)	10,000				UNRESTRICTED

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BIG BEND CARES 2201 South Monroe Street Tallahassee, FL 32301	59-2816580	501 (c) (3)	7,500				UNRESTRICTED
BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 WAR, WV 24892	55-0710393	501 (c) (3)	10,000				UNRESTRICTED

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BILL'S KITCHEN INC PO Box 195678 San Juan, PR 00940	66-0493399	501 (c) (3)	25,000				UNRESTRICTED
BIRMINGHAM AIDS OUTREACH 205 32nd Street South Birmingham, AL 35233	63-0948495	501 (c) (3)	10,000				UNRESTRICTED

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BLACK AIDS INSTITUTE 1833 West Eighth Street Suite 200 Los Angeles, CA 900574920	95-4742741	501 (c) (3)	36,000				UNRESTRICTED
BLOOMINGTON POSITIVE LINK INDIANA UNIVERSITY 333 E MILLER DRIVE BLOOMINGTON, IN 47401	35-1720796	501 (c) (3)	7,500				UNRESTRICTED

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BLUE MOUNTAIN HEART TO HEART 2316 Eastgate St Ste 105 Walla Walla, WA 99362	91-1527239	501 (c) (3)	7,500				UNRESTRICTED
Borderbelt AIDS Resources Team Inc PO Box 945 Lumberton, NC 28358	56-1992644	501 (c) (3)	7,500				UNRESTRICTED

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BOULDER COUNTY AIDS PROJECT 2118 Fourteenth Street Boulder, CO 80302	74-2442032	501 (c) (3)	7,500				UNRESTRICTED
Brentwood Community Foundation 13033 Landmark Street Houston, TX 77045	76-0454398	501 (c) (3)	7,500				UNRESTRICTED

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BROADWAY ADVOCACY COALITION 250 WEST 99TH STREET 6A NEW YORK, NY 10025	82-3374845	501 (c) (3)	10,000				UNRESTRICTED
BROADWAY DANCE LAB 433 W 34TH ST STE 19A NEW YORK, NY 10001	46-2689988	501 (c) (3)	16,250				UNRESTRICTED

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BROADWAY INSPIRATIONAL VOICES LLC 224 W 30th St 1006 New York, NY 10011	06-1592825	501 (c) (3)	10,000				UNRESTRICTED
BRONX AIDS SVCS INCBOOM HEALTH Harm Reduction Ctr 540 E Fordham Bronx, NY 10458	13-3599121	501 (c) (3)	25,000				UNRESTRICTED

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BROOKLYN COMMUNITY PRIDE CENTER 1360 FULTON ST GROUND FLOOR BROOKLYN, NY 11216	26-2214534	501 (c) (3)	10,000				UNRESTRICTED
Bywater Church of Christ Christian Outreach Minist PO Box 3311 New Orleans, LA 70117	72-0833074	501 (c) (3)	22,500				UNRESTRICTED

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CALLEN-LORDENAT'L COALITION FOR LGBT HEALTH 1325 MASSACHUSETTS AVE NW STE 7 Washington, DC 20005	13-3409680	501 (c) (3)	35,000				UNRESTRICTED
CANCER SUPPORT COMMUNITY 734 15TH STREET NW STE 300 WASHINGTON, DC 20005	95-4163931	501 (c) (3)	27,575				UNRESTRICTED

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CANDIILGBT LIFE CENTER 222 W 21ST STREET STE F-38 NORFOLK, VA 23517	54-1545157	501 (c) (3)	7,500				UNRESTRICTED
CARACOLE INC 1821 Summit Road Ste 001 Cincinnati, OH 45237	31-1210524	501 (c) (3)	12,500				UNRESTRICTED

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CARE RESOURCECOMMUNITY AIDS RESOURCE INC 3510 Biscayne Blvd Suite 209 3RD Miami, FL 33137	59-2564198	501 (c) (3)	7,500				UNRESTRICTED
CARING COMMUNITIES FOR AIDS 301A W THIRD STREET BERWICK, PA 18603	23-2815476	501 (c) (3)	7,500				UNRESTRICTED

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CARITAS HOUSE INC 391 Scott Avenue Morgantown, WV 26508	55-0743418	501 (c) (3)	12,500				UNRESTRICTED
CASA DE ESPERANZA DE LOS NINOS INC PO Box 66581 Houston, TX 772666581	76-0106306	501 (c) (3)	10,000				UNRESTRICTED

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CASCADE AIDS PROJECT INC 208 SW Fifth Ave Suite 800 Portland, OR 97204	93-0903383	501 (c) (3)	7,500				UNRESTRICTED
CEDAR VALLEY HOSPICE 2101 Kimball Ave Ste 401 Waterloo, IA 50704	42-1135294	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER FOR HEALTH JUSTICE 900 Avila Street Suite 301 Los Angeles, CA 90012	42-1605887	501 (c) (3)	10,000				UNRESTRICTED
Center for Integrated Therapies 11002 Detroit Avenue Cleveland, OH 44102	48-1290710	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER IN ASBURY PARK INC 806 Third Avenue Asbury Park, NJ 07712	23-3253558	501 (c) (3)	20,000				UNRESTRICTED
CENTRAL BAPTIST CHURCH OF BEARDEN SAMARITAN MINIS 6300 DEANE HILL DR KNOXVILLE, TN 37919	11-1111111	CHURCH	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Central Florida Haven of Hope Ministries Inc 1902 West Colonial Drive Orlando, FL 32804	59-3338309	501 (c) (3)	15,000				UNRESTRICTED
Central Louisiana AIDS Support Services 904 13th Street Alexandria, LA 71301	72-1097079	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Charlotte HIVAIDS People Support Inc 18200 Paulson Drive Unit A-1 Port Charlotte, FL 33954	65-0498294	501 (c) (3)	10,000				UNRESTRICTED
CHASE BREXTON HEALTH SERVICES 1001 Cathedral St Building B Baltimore, MD 21201	52-1638592	501 (c) (3)	20,000				UNRESTRICTED

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CHELSEA RECOVERY CLUBHOUSE PO BOX 169 New York, NY 10113	20-5478541	501 (c) (3)	10,000				UNRESTRICTED
Chicago House and Social Service Agency 1925 N Clybourn Suite 401 Chicago, IL 60614	36-3376432	501 (c) (3)	70,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501 (c) (3)	15,000				UNRESTRICTED
Children of Parents with AIDS Inc (COPWA) College Station New York, NY 100300602	13-3893391	501 (c) (3)	7,500				UNRESTRICTED

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Children's Place Association 1436 W Randolph ffith Floor Chicago, IL 60607	36-3641017	501 (c) (3)	7,500				UNRESTRICTED
CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202592	501 (c) (3)	25,000				UNRESTRICTED

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CHRISTIE'S PLACE 2440 Third Ave San Diego, CA 92101	91-1878632	501 (c) (3)	7,500				UNRESTRICTED
Church of the Harvest's Food Pantry PO Box 183 Pahokee, FL 33476	65-1079385	501 (c) (3)	22,500				UNRESTRICTED

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CHURCH OF THE HOLY APOSTLES HOLY APOSTLES SOUP KI 296 Ninth Avenue New York, NY 10001	13-2892297	501 (c) (3)	15,000				UNRESTRICTED
CITYMEALS - ON - WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017	13-3634381	501 (c) (3)	35,000				UNRESTRICTED

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CLARE HOUSING CLARE HOUSE 929 CENTRAL AVE NE Minneapolis, MN 55413	41-1794924	501 (c) (3)	10,000				UNRESTRICTED
Coalition on AIDS in Passaic County Inc 100 Hamilton Plaza Suite 1406 Paterson, NJ 07505	22-2855342	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COLORADO HEALTH NETWORK COLORADO AIDS PROJECT 2490 W 26TH AVE 300A DENVER, CO 80211	84-0961159	501 (c) (3)	20,000				UNRESTRICTED
COLUMBIA CARES INC 1202-8B So James campbell Blvd Columbia, TN 38401	62-1513020	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Columbus Wellness Center Outreach and Prevention P 1220 Wildwood Ave Columbus, GA 31906	58-2187837	501 (c) (3)	7,500				UNRESTRICTED
Community AIDS Network 895 North Main St Akron, OH 443102123	31-1506671	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY AIDS RESOURCE & EDUCATION SVCS (CARES) 629 PIONEERS ST STE 200 KALAMAZOO, MI 49008	38-2784545	501 (c) (3)	7,500				UNRESTRICTED
COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0259103	501 (c) (3)	7,500				UNRESTRICTED

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Community Health Awareness Group 1300 W Fort Street Detroit, MI 48226	38-2704374	501 (c) (3)	15,000				UNRESTRICTED
COMMUNITY HOSPICE 47 Liberty Street Catskill, NY 12414	22-2692940	501 (c) (3)	7,500				UNRESTRICTED

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Community Networks Inc PO Box 3064 Martinsburg, WV 25402	55-0662121	501 (c) (3)	10,000				UNRESTRICTED
COMMUNITY SERVINGS 18 Marbury Terrace Jamaica Plain, MA 02130	22-3154028	501 (c) (3)	40,000				UNRESTRICTED

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Comunidad Para Envejecientes Suenos Dorados del Ay HC 7 PO Box 98290 Arecibo, PR 00612	11-1111111	OTHER	12,500				UNRESTRICTED
COVENANT HOUSE INC 600 Shrewsbury Street Charleston, WV 25301	31-1015583	501 (c) (3)	50,500				UNRESTRICTED

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DAMIEN CENTER 26 North Arsenal Avenue Indianapolis, IN 46201	35-1711878	501 (c) (3)	18,500				UNRESTRICTED
DANCERS OVER 40 INC PO BOX 2103 NEW YORK, NY 10101	13-3977887	501 (c) (3)	30,000				UNRESTRICTED

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DAVID LYNCH FDTN FOR CONSCIOUSNESS 228 e 45TH ST 15TH FLOOR NEW YORK, NY 10017	83-0436453	501 (c) (3)	7,500				UNRESTRICTED
Delaware HIV Consortium Inc 100 West 10th St Wilmington, DE 19801	51-0348892	501 (c) (3)	7,500				UNRESTRICTED

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DESERT AIDS PROJECT 1695 North Sunrise Way Palm Springs, CA 92262	33-0068583	501 (c) (3)	10,000				UNRESTRICTED
DIASPORA COMMUNITY SVCSHAITIAN WOMEN'S PROGRAM 182 FOURTH AVE BROOKLYN, NY 11217	11-3122295	501 (c) (3)	7,500				UNRESTRICTED

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DNDI 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	20-8774179	501 (c) (3)	10,000				UNRESTRICTED
Doctors Without Borders Medecins Sans Frontieres 333 Seventh Avenue 2nd Floor New York, NY 100015004	13-3433452	501 (c) (3)	10,000				UNRESTRICTED

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DOWNTOWN EMERGENCY SERVICE CENTER 515 Third Avenue Seattle, WA 98104	91-1275815	501 (c) (3)	7,500				UNRESTRICTED
EAC NETWORK 50 Clinton Street Ste 107 Hempstead, NY 11550	23-7175609	501 (c) (3)	7,500				UNRESTRICTED

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Ecumenical Ministries of Oregon 2941 NE Ainsworth St Portland, OR 97211	93-0625359	501 (c) (3)	10,000				UNRESTRICTED
EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVENUE CINCINNATI, OH 45219	31-0743605	501 (c) (3)	15,000				UNRESTRICTED

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ELM PROJECT 88 HAMILTON AVE STAMFORD, CT 06902	06-1431690	501 (c) (3)	6,500				UNRESTRICTED
EMPOWER U INC 8309 NW 22nd Ave Miami, FL 33147	65-0899207	501 (c) (3)	7,500				UNRESTRICTED

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Encompass Community Services 195 Harvey West Blvd Santa Cruz, CA 95060	77-0129193	501 (c) (3)	7,500				UNRESTRICTED
ENCORE COMMUNITY SERVICES 239 W 49th Street New York, NY 10019	13-3104293	501 (c) (3)	20,000				UNRESTRICTED

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Episcopal Actors' Guild of America Inc 1 East 29th Street New York, NY 100167405	13-5563397	501 (c) (3)	15,000				UNRESTRICTED
EQUALITY FOUNDATION OF GEORGIA INC COUNTER NARR 1530 DEKALB AVE NE ATLANTA, GA 30307	58-2346744	501 (c) (3)	15,000				UNRESTRICTED

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EVERY NATION CHURCHES EVERY NATION NEW YORK CITY 31 W 34TH ST STE 8003 NEW YORK, NY 10001	33-0749629	501 (c) (3)	7,500				UNRESTRICTED
EXPONENTS INC 151 West 26th Street 3rd Floor New York, NY 10001	13-3572677	501 (c) (3)	20,000				UNRESTRICTED

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Face to Face Sonoma County AIDS Network 873 Second Street Santa Rosa, CA 95404	68-0052664	501 (c) (3)	7,500				UNRESTRICTED
FACT Bucks County P O Box 72 New Hope, PA 18938	23-2504602	501 (c) (3)	7,500				UNRESTRICTED

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FAMILY EQUALITY COUNCIL P O Box 206 Boston, MA 02133	52-1438544	501 (c) (3)	35,000				UNRESTRICTED
Family Service of Westchester Camp Viva One Gateway Plaza 4th Floor Port Chester, NY 10573	13-1773419	501 (c) (3)	6,500				UNRESTRICTED

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FEEDING AMERICA TAMPA BAY INC FEEDING TAMPA BAY 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	59-2116576	501 (c) (3)	20,000				UNRESTRICTED
Fenway Community Health Center 1340 Boylston Street Boston, MA 022154302	04-2510564	501 (c) (3)	25,000				UNRESTRICTED

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FLAMBOYAN FOUNDATION INC 1730 MASACHUSETTS AVE NW WASHINGTON, DC 20036	20-8924675	501 (c) (3)	250,000				UNRESTRICTED
FOOD & FRIENDS 219 Riggs Road NE Washington, DC 20011	52-1648941	501 (c) (3)	40,000				UNRESTRICTED

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FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	13-3179546	501 (c) (3)	35,000				UNRESTRICTED
FOOD BANK OF NORTH CENTRAL ARKANSAS 1042 HIGHLAND CIRCLE MOUNTAIN HOME, AR 72657	58-1881897	501 (c) (3)	15,000				UNRESTRICTED

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FOOD FOR THOUGHT PO Box 1608 Forestville, CA 95436	68-0181095	501 (c) (3)	12,500				UNRESTRICTED
FOOD OUTREACH INC 3117 OLIVE STREET ST LOUIS, MO 63103	43-1492878	501 (c) (3)	40,000				UNRESTRICTED

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Fortune Society 29-76 Northern Blvd Long Island City, NY 11101	13-2645436	501 (c) (3)	15,000				UNRESTRICTED
FRACTURED ATLAS 248 West 35th St New York, NY 10001	11-3451703	501 (c) (3)	60,409				UNRESTRICTED

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FRANNIE PEABODY CENTER 30 Danforth Street Suite 311 Portland, ME 04101	01-0416974	501 (c) (3)	10,000				UNRESTRICTED
FRATERNITE NOTRE DAME INC 2290 First Avenue New York, NY 10035	13-3600714	501 (c) (3)	10,000				UNRESTRICTED

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FRATERNITY HOUSE INC 20702 Elfin Forest Road Escondido, CA 92029	33-0306861	501 (c) (3)	10,000				UNRESTRICTED
FRIENDS FOR LIFE CORPORATION 43 N Cleveland Memphis, TN 38104	62-1511959	501 (c) (3)	15,000				UNRESTRICTED

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FUND FOR THE CITY OF NY INC SISTERHOOD MOBILIZE 158 E 115TH ST NEW YORK, NY 10029	13-4020958	501 (c) (3)	15,000				UNRESTRICTED
Fundacion Latino Americana Contra El Sida Inc 6666 Harwin Drive Suite 370 Houston, TX 770362264	76-0430109	501 (c) (3)	10,000				UNRESTRICTED

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Funders Concerned About AIDS 2121 Crystal Drive Ste 700 Arlington, VA 22202	13-3869632	501 (c) (3)	35,000				UNRESTRICTED
GAY MEN'S HEALTH CRISIS 446 West 33rd Street New York, NY 10001	13-3130146	501 (c) (3)	87,040				UNRESTRICTED

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GLSEN 110 WILLIAM ST 30TH FLOOR NEW YORK, NY 10038	04-3234202	501 (c) (3)	10,000				UNRESTRICTED
Go Care (Greater Ouachita Providing AIDS Resources 1801 North 7th Suite A West Monroe, LA 71291	72-1136639	501 (c) (3)	12,500				UNRESTRICTED

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God's Love We Deliver 166 Avenue of the Americas New York, NY 10013	13-3366846	501 (c) (3)	40,000				UNRESTRICTED
GOLDEN RAINBOW OF NEVADA INC 714 E SAHARA AVE STE 101 LAS VEGAS, NV 89104	94-3092947	501 (c) (3)	12,500				UNRESTRICTED

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GRAHAM WINDHAM 33 IRVING PLACE NEW YORK, NY 10003	13-2926426	501 (c) (3)	45,000				UNRESTRICTED
GRIOT CIRCLE 25 FLATBUSH AVE 5TH FLOOR NEW YORK, NY 11217	11-3364328	501 (c) (3)	7,500				UNRESTRICTED

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HARM REDUCTION ACTION COALITION 22W 27TH ST 9TH FLOOR New York, NY 10001	94-3204958	501 (c) (3)	20,000				UNRESTRICTED
HAWAII HEALTH & HARM REDUCTION 677 ALA MOANA BLVD 226 HONOLULU, HI 96813	99-0230542	501 (c) (3)	7,500				UNRESTRICTED

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Health Emergency Lifeline Program 1726 Howard St Detroit, MI 48216	38-2719621	501 (c) (3)	25,000				UNRESTRICTED
HEALTH GLOBAL ACCESS 429 W 127th St 2nd Fl New York, NY 10027	20-5053765	501 (c) (3)	20,000				UNRESTRICTED

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Health Outreach Prevention Education Inc 3540 East 31st St Tulsa, OK 74135	73-1537952	501 (c) (3)	7,500				UNRESTRICTED
Health Services Center Inc PO Box 1347 Anniston, AL 36202	63-0993592	501 (c) (3)	10,000				UNRESTRICTED

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HEALTH TRUST AIDS SERVICES 3180 NEWBERRY DR STE 200 SAN JOSE, CA 95118	94-6050231	501 (c) (3)	10,000				UNRESTRICTED
HEARTLAND HEALTH OUTREACHVITAL BRIDGES 208 S LASALLE ST STE 1300 CHICAGO, IL 60604	36-3775696	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIGHTS HILL MENTAL HEALTH SERVICE RAINBOW HEIGHT 25 Flatbush Ave 3rd Floor BROOKLYN, NY 11217	94-6050231	501 (c) (3)	10,000				UNRESTRICTED
Hetrick-Martin Institute Inc 2 Astor Place New York, NY 10003	13-3104537	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HILLSDALE UNITED METHODIST CHURCH ROE JAN FOOD PA 9 STATE ROAD 22 HILLSDALE, NY 12529	14-6024562	501 (c) (3)	7,500				UNRESTRICTED
HISPANIC AIDS FORUM 1767 Park Avenue 5th Floor New York, NY 10025	13-3422748	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	13-3573852	501 (c) (3)	250,000				UNRESTRICTED
HIV ALLIANCE 1966 Garden Avenue Eugene, OR 974031933	93-0963546	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Holy Apostles Soup Kitchen 296 Ninth Avenue New York, NY 10001	13-2892297	501 (c) (3)	20,000				UNRESTRICTED
Hot Springs AIDS Resource Center 1801 Central Ave Ste C Hot Springs, AK 71901	71-0778076	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Housing Opportunities for Women (HOW) 1607 W Howard Street 2nd Floor Chicago, IL 60626	36-3263818	501 (c) (3)	7,500				UNRESTRICTED
HOUSING WORKS INC PREVENTION ACCESS CAMPAIGN 57 Willoughby Street 2nd Floor Brooklyn, NY 11201	13-3584089	501 (c) (3)	75,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOWARD BROWN HEALTH CENTER 4025 N Sheridan Road Chicago, IL 60613	36-2894128	501 (c) (3)	20,000				UNRESTRICTED
HUDSON VALLEY COMMUNITY SERVICES 40 Saw Mill River Road Hawthorne, NY 10532	13-3322100	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUDSON VALLEY LGBTQ COMM CENTER 300 WALL STREET PO BOX 3994 Kingston, NY 12402	20-3721531	501 (c) (3)	17,500				UNRESTRICTED
Hyacinth AIDS Foundation 317 George Street New Brunswick, NJ 08901	22-2648820	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IDENTITY HOUSE 11 SAINT MARKS AVE APT 3L New York, NY 11217	13-3002230	501 (c) (3)	12,500				UNRESTRICTED
Incarnation Children's Center Friends of ICC 142 Audubon Avenue New York, NY 10032	13-3853340	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Indiana Recovery Alliance PO Box 394 Bloomington, IN 47402	47-3889160	501 (c) (3)	10,000				UNRESTRICTED
Interfaith AIDS Ministry of Greater Danbury 39 Rose Street Danbury, CT 06810	06-1314001	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTERFAITH RESIDENCE DOORWAYS 4385 MARYLAND AVE ST LOUIS, MO 63108	43-1484279	501 (c) (3)	10,000				UNRESTRICTED
INTERNATIONAL DOCUMENTARY ASSOCIATION 3470 WILSHIRE BLVD 980 LOS ANGELES, CA 90010	95-3911227	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IOWA HARM REDUCTION CENTER 1216 2ND AVENUE SE CEDAR RAPIDS, IA 52403	82-1864287	501 (c) (3)	10,000				UNRESTRICTED
IRIS HOUSE 2348 Adam Clayton Powell Jr Blvd New York, NY 10030	13-3699201	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JASMYN- JACKSONVILLE AREA SEXUAL MINORITY YOUTH NE PO BOX 380103 JACKSONVILLE, FL 32204	59-3284175	501 (c) (3)	10,000				UNRESTRICTED
JERUSALEM HOUSE INC 17 Executive Park Dr NE Ste 290 Atlanta, GA 303182542	58-1829807	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Jewish Family Service of Colorado 3201 South Tamarac Drive Denver, CO 80231	84-0402701	501 (c) (3)	7,500				UNRESTRICTED
JOSEPH'S HOUSE 1730 Lanier Pl NW Washington, DC 20009	52-1693018	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KANSAS CITY CARE CLINIC 3515 Broadway Kansas City, MO 641112537	43-0967292	501 (c) (3)	10,000				UNRESTRICTED
KATZ JEWISH COMMUNITY CENTER 1301 SPRINGDALE ROAD CHERRY HIL, NY 08003	21-0634489	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KITCHEN ANGELS 1222 Siler Road Santa Fe, NM 87507	85-0423492	501 (c) (3)	20,000				UNRESTRICTED
LA COUNTY ANIMAL CARE FOUNDATION PO BOX 100515 PASADENA, CA 91889	95-3909782	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LA JEWISH AIDS SVCSPROJECT CHICKEN SOUP PO BOX 480241 LOS ANGELES, CA 90048	95-4232540	501 (c) (3)	15,000				UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND INC 120 WALL STREET STE 1500 NEW YORK, NY 10005	23-7395681	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LANSING AREA AIDS Network 913 W Holmes Rd Suite 115 Lansing, MI 48910	38-2791807	501 (c) (3)	7,500				UNRESTRICTED
LATINO COMMISSION ON AIDS 24 W 25TH ST 9TH FLOOR NEW YORK, NY 10010	13-3629466	501 (c) (3)	27,500				UNRESTRICTED

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Latinos Salud 2330 Wilton Drive Wilton Manors, FL 33305	26-2763535	501 (c) (3)	7,500				UNRESTRICTED
Legacy Counseling Center 4054 McKinney Ave Ste 102 Dallas, TX 75204	75-2296536	501 (c) (3)	15,000				UNRESTRICTED

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Legal Action Center 225 Varick St New York, NY 10014	13-2756320	501 (c) (3)	10,000				UNRESTRICTED
Lesbian Gay Bisexual & Transgender Community Cen 208 West 13th Street New York, NY 10011	13-3217805	501 (c) (3)	219,055				UNRESTRICTED

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Liberty Community Services Inc 254 College Street Floor 2 New Haven, CT 06510	22-2849124	501 (c) (3)	7,500				UNRESTRICTED
LIFECARE ALLIANCE 1699 West Mound Street Columbus, OH 43223	31-4379494	501 (c) (3)	22,500				UNRESTRICTED

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LIFELONG AIDS ALLIANCE 1002 East Seneca Street Seattle, WA 98122	91-1215715	501 (c) (3)	40,000				UNRESTRICTED
Local 802 Senior Musicians Association LOCAL 802 AFM 322 WEST 48th STREE New York, NY 10036	13-6226520	501 (c) (3)	25,000				UNRESTRICTED

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LOS ANGELES FIRE DEPT FOUDATION 1875 CENTURY PARK EAST 200 LOS ANGELES, CA 90067	27-2007326	501 (c) (3)	100,000				UNRESTRICTED
Los Angeles LGBT Community Services Center 1625 North Schrader Blvd Los Angeles, CA 90028	95-3567895	501 (c) (3)	20,000				UNRESTRICTED

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LOVING FOOD RESOURCES 123 Kenilworth Road Asheville, NC 28803	56-1823591	501 (c) (3)	20,000				UNRESTRICTED
Lutheran Social Services of the National Capital A 4406 Georgia Avenue NW Washington, DC 20011	53-0207407	501 (c) (3)	7,500				UNRESTRICTED

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MAITRI 401 Duboce Avenue San Francisco, CA 94117	94-3189198	501 (c) (3)	20,000				UNRESTRICTED
MAMA'S KITCHEN INC 3960 Home Avenue San Diego, CA 92105	33-0434246	501 (c) (3)	40,000				UNRESTRICTED

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MATTHEW 25 AIDS SERVICES 452 Old Corydon Road Henderson, KY 42420	61-1351672	501 (c) (3)	10,000				UNRESTRICTED
MATTHEW 25 FOOD PANTRY 86 W BRIDGE STREET CATSKILL, NY 12414	30-0564242	501 (c) (3)	7,500				UNRESTRICTED

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MAZZONI CENTER 21 South 12th Street 12th Floor Philadelphia, PA 19107	23-2176338	501 (c) (3)	20,000				UNRESTRICTED
Medicare Rights Center - Actors Fund 520 Eighth Avenue New York, NY 10018	13-3505372	501 (c) (3)	60,000				UNRESTRICTED

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Metropolitan AIDS Neighborhood Nutrition Alliance 2323 Ranstead Streetm Philadelphia, PA 19103	23-2586142	501 (c) (3)	40,000				UNRESTRICTED
METROPOLITAN COMMUNITY CHURCH OF NY(MCCNY) 446 W 36TH ST NEW YORK, NY 10018	13-4230871	501 (c) (3)	33,500				UNRESTRICTED

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Metropolitan Interdenominational Church First Resp PO Box 280779 Nashville, TN 372290779	62-1100022	501 (c) (3)	10,000				UNRESTRICTED
MidlandOdessa Area AIDS Support 800 West Texas Midland, TX 79701	75-2470417	501 (c) (3)	10,000				UNRESTRICTED

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Ministerio En Jehova Seran Provitos Sida Pedoat CALLE DOMINGO RBUIO 60 ARECIBO, PR 00613	66-0529242	501 (c) (3)	10,000				UNRESTRICTED
MINNKOTA HEALTH PROJECT 810 4th Avenue South Suiter 202 Moorhead, MN 56560	36-3610758	501 (c) (3)	20,000				UNRESTRICTED

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MONTROSE CLINIC LEGACY COMMUNITY HEALTH SERVICES 215 WESTHEIMER HOUSTON, TX 77006	76-0009637	501 (c) (3)	25,000				UNRESTRICTED
Morgantown Health RightsMilan Puskar Health Right 341 Spruce Street Morgantown, WV 26505	31-1118673	501 (c) (3)	15,000				UNRESTRICTED

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MOVEABLE FEAST INC 901 North Milton Avenue Baltimore, MD 21205	52-1663825	501 (c) (3)	40,000				UNRESTRICTED
MOVEMENT STRATEGY CENTER 436 14TH ST 500 OAKLAND, CA 94612	20-1037643	501 (c) (3)	20,000				UNRESTRICTED

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MY FRIEND'S PLACE 5850 HOLLYWOOD BLVD LOS ANGELES, CA 90028	95-4834034	501 (c) (3)	10,000				UNRESTRICTED
NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 (c) (3)	12,500				UNRESTRICTED

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NATIONAL CENTER FOR TRANSGENDER EQUALITY 1133 19TH ST NW STE 302 WASHINGTON, DC 20036	41-2090291	501 (c) (3)	25,000				UNRESTRICTED
NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD 108-62 LOS ANGELES, CA 90010	95-4539765	501 (c) (3)	10,000				UNRESTRICTED

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National Minority AIDS Council 1931 13th Street NW Washington, DC 20009	52-1578289	501 (c) (3)	29,515				UNRESTRICTED
Natividad Medical Foundation PO Box 4427 Salinas, CA 93912	77-0194989	501 (c) (3)	7,500				UNRESTRICTED

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Nat'l Ctr For Civic Innovation Center for HIV 65 Broadway Ste 832 New York, NY 10006	02-0590588	501 (c) (3)	25,000				UNRESTRICTED
Nebraska AIDS Project Inc 250 S 77th Street Ste A Omaha, NE 68114	47-0786622	501 (c) (3)	12,500				UNRESTRICTED

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NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 410 WEST 40TH STREET NEW YORK, NY 10018	27-2151000	501 (c) (3)	13,630				UNRESTRICTED
NEW AVENUES FOR YOUTH 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93-0910213	501 (c) (3)	10,000				UNRESTRICTED

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NEW ORLEANS MUSICIANS CLINIC (NOMC) 1525 Louisiana Ave New Orleans, LA 70115	20-8139539	501 (c) (3)	15,000				UNRESTRICTED
NEW YORK CITY GAY & LESBIAN 24 W 25TH ST 12TH FLOOR New York, NY 10010	13-3149200	501 (c) (3)	10,000				UNRESTRICTED

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NEW YORK CIVIL LIBERTIES UNION 125 BROAD ST 19TH FLOOR NEW YORK, NY 10004	90-0808294	501 (c) (3)	10,000				UNRESTRICTED
NEW YORK LIVE ARTS INC 219 WEST 19TH STREET New York, NY 10011	13-6206608	501 (c) (3)	5,100				UNRESTRICTED

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NOAIDS Task Force 2601 Tulane Avenue Suite 500 New Orleans, LA 70119	72-1059635	501 (c) (3)	35,000				UNRESTRICTED
NORTH CAROLINA AIDS ACTION NETWORK PO BOX 25044 RALEIGH, NC 27611	32-0323779	501 (c) (3)	25,000				UNRESTRICTED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH IDAHO AIDS COALITION 2201 Government Way Ste L Coeur DAlene, ID 83814	82-0509161	501 (c) (3)	10,000				UNRESTRICTED
North Jersey AIDS ALLIANCE 393 Central Avenue Newark, NJ 07103	52-1592616	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST FLORIDA AIDS NETWORK 2715 Oak Street Jacksonville, FL 32205	59-2974694	501 (c) (3)	7,500				UNRESTRICTED
Northwest PA Rural AIDS Alliance 15898 Route 322 Suite 2 Clarion, PA 16214	23-2250505	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NYC HEALTH HOSPITALSMETROPOLITAN 1901 FIRST AVE 1B2 EXECUTIVE SUIT NEW YORK, NY 10029	13-2655001	501 (c) (3)	10,000				UNRESTRICTED
NYSARCAHRC NEW YORK CITY 83 MAIDEN LANE NEW YORK, NY 10038	13-5678837	501 (c) (3)	9,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NYU SCHOOL OF MEDICINE 550 1ST AVE NBV-854-11 New York, NY 10016	13-5562308	501 (c) (3)	7,500				UNRESTRICTED
OKALOOSA AIDS SUPP & INFORM SVCS (OASIS) 745 NW BEAL PKWY UNIT 10 FT WALTON BEACH, FL 32547	59-3089946	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE ARCHIVES FOUNDATION 7655 W SUNSET BLVD LOS ANGELES, CA 90046	95-3660779	501 (c) (3)	20,000				UNRESTRICTED
One Heartland Camp Heartland 2101 Hennepin Ave South Minneapolis, MN 55405	39-1763115	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ONLY MAKE BELIEVE 1133 broadway New York, NY 10010	13-4133410	501 (c) (3)	6,500				UNRESTRICTED
Open Aid Alliance 500 North Higgins Suite 100 Missoula, MT 59802	36-3652244	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPEN ARMS INCBRYAN'S HOUSE PO BOX 35868 DALLAS, TX 75235	75-2217559	501 (c) (3)	7,500				UNRESTRICTED
Open Arms of Minnesota 2500 Bloomington Avenue S Minneapolis, MN 55404	41-1681317	501 (c) (3)	40,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPEN DOOR PO Box 99243 Pittsburgh, PA 15233	30-0354607	501 (c) (3)	10,000				UNRESTRICTED
OPEN DOOR CLINIC OF GREATER ELGIN 1665 LARKIN AVE ELGIN, IL 30123	36-2899274	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPEN HANDS FOOD PANTRY 26998 WOODLAND AVE ROYAL OAK, MI 48067	38-3984472	501 (c) (3)	10,000				UNRESTRICTED
Other Options Inc 3636 Northwest 51st Oklahoma City, OK 73112	73-1341319	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUR HOUSE OF PORTLAND 2727 SE Alder St Portland, OR 97214	93-0986632	501 (c) (3)	15,000				UNRESTRICTED
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE STE 1505 NEW YORK, NY 10038	94-3139952	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD CHARLESTON, SC 29405	57-0905550	501 (c) (3)	17,500				UNRESTRICTED
PANHANDLE AIDS SUPPORT ORGANIZATION INC 1523 South Taylor Amarillo, TX 79101	75-2219593	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR THE HOMELESS 305 7TH AVENUE 13TH FLOOR New York, NY 10001	13-3132746	501 (c) (3)	7,500				UNRESTRICTED
PATOKA VALLEY AIDS COMMUNITY ACTION PO BOX 357 VINCENNES, IN 47591	35-2042383	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Patoka Valley HIV Community Action Group PO Box 411 Jasper, IN 47547	35-0895838	501 (c) (3)	7,500				UNRESTRICTED
People's Harm Reduction Alliance PO Box 85038 Seattle, WA 98145	35-2307112	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PERSAD CENTER 5301 BUTLERS ST 100 Pittsburgh, PA 15201	25-1234680	501 (c) (3)	12,500				UNRESTRICTED
Peter & Paul Community Services Inc 1025 Park Avenue Suite 1023 St Louis, MO 631043720	43-1349643	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PETS ARE LOVING SUPPORT PO Box 1539 Guerneville, CA 95446	68-0295834	501 (c) (3)	10,000				UNRESTRICTED
PETS ARE WONDERFUL SUPPORT 3170 23rd Street San Francisco, CA 94110	94-3049133	501 (c) (3)	21,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PHILADELPHIA CENTER - MERCY CENTER 740 AUSTIN PLACE SHREVEPORT, LA 71101	72-1204252	501 (c) (3)	10,000				UNRESTRICTED
PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH 7F NEW YORK, NY 10019	95-4590018	501 (c) (3)	90,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PIERCE COUNTY AIDS FOUNDATION 3520 South Pine Street Tacoma, WA 98409	91-1385245	501 (c) (3)	7,500				UNRESTRICTED
PINES CARE CENTER PO BOX 5333 FIRE ISLAND PINES, NY 11782	11-2644470	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAMS ST FL 10 NEW YORK, NY 10036	13-1644147	501 (c) (3)	35,000				UNRESTRICTED
PORT DEFIANCE AIDS PROJECT SLO BANGERS 1351 ROYAL WAY 5 San Luis Obispo, CA 93405	91-1435394	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POSITIVE RESOURCE CENTER 525 Oxford Street Fort Wayne, IN 46806	31-1191147	501 (c) (3)	7,500				UNRESTRICTED
POSITIVE RESPONSE INC 411 North Park Street Carrollton, GA 30117	58-2105141	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POSITIVE WELLNESS ALLIANCE INC PO Box 703 Lexington, NC 27293	56-1885607	501 (c) (3)	7,500				UNRESTRICTED
POVERELLO CENTER INC 2056 North Dixie Highway Wilton Manors, FL 33305	65-0056218	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PREVENTION POINT PHILADELPHIA 166 W Lehigh Avenue Lower Level Philadelphia, PA 19133	23-2663699	501 (c) (3)	20,000				UNRESTRICTED
PREVENTION POINT PITTSBURGH 907 West Street 5th Floor Pittsburgh, PA 15221	25-1852314	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT ANGEL FOOD 922 Vine Street Los Angeles, CA 900382702	95-4115863	501 (c) (3)	40,000				UNRESTRICTED
PROJECT ANGEL HEART 4950 Washington St Denver, CO 80216	84-1199481	501 (c) (3)	40,000				UNRESTRICTED

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PROJECT HOSPITALITY INC 100 Park Avenue Staten Island, NY 10302	13-3234441	501 (c) (3)	30,000				UNRESTRICTED
PROJECT KINDLE PO Box 81147 Lincoln, NE 68508	47-0814125	501 (c) (3)	6,500				UNRESTRICTED

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PROJECT OPEN HANDATLANTA 181 Armour Drive NE Atlanta, GA 30324	58-1816778	501 (c) (3)	40,000				UNRESTRICTED
PROJECT OPEN HANDCA 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501 (c) (3)	40,000				UNRESTRICTED

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PROJECT RENEWAL INC 200 VARICK ST 9TH FLOOR New York, NY 10014	13-2602882	501 (c) (3)	10,000				UNRESTRICTED
Project Response AIDS Center - North 745 South Apollo Blvd Melbourne, FL 32901	59-3036563	501 (c) (3)	10,000				UNRESTRICTED

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PROJECT SAFETY NET NY 60 ADAMS AVE HAUPPAUGE, NY 11788	11-2809739	501 (c) (3)	7,500				UNRESTRICTED
PROJECT SAMARITAN BRIGHTPOINT HEALTH 71 W 23RD ST 8TH FLOOR NEW YORK, NY 10010	13-3464470	501 (c) (3)	20,000				UNRESTRICTED

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PROJECT TRANSITIONS INC PO Box 4826 Austin, TX 78765	74-2502171	501 (c) (3)	7,500				UNRESTRICTED
PROVINCETOWN AIDS SUPPORT GROUP PO BOX 1522 PROVINCETOWN, MA 02657	04-2908722	501 (c) (3)	12,500				UNRESTRICTED

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RAICES 1305 N FLORES ST SAN ANTONIO, TX 78212	74-2436920	501 (c) (3)	11,500				UNRESTRICTED
RAINBOW RAILROAD USA 601 W 26TH ST 325-41 NEW YORK, NY 10001	47-4896980	501 (c) (3)	26,000				UNRESTRICTED

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RATTLESTICK PLAYWRIGHTS THEATRE 224 WAVERLY PLACE NEW YORK, NY 10014	11-3105457	501 (c) (3)	31,500				UNRESTRICTED
RAUSCHENBUSCH METRO MINISTRIES 410 W 40TH STREET NEW YORK, NY 10018	13-3859713	501 (c) (3)	15,500				UNRESTRICTED

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REACH MINISTRIES 309 South G Street Suite 3 Tacoma, WA 98405	91-1644321	501 (c) (3)	6,500				UNRESTRICTED
REBECCA DAVIS DANCE COMPANY 315 W 36TH ST 10TH FLOOR NEW YORK, NY 10018	20-2041093	501 (c) (3)	25,000				UNRESTRICTED

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RECTOR CHURCH WARDENS & VESTRY MEMBERS ST LUKE CH 487 HUDSON ST NEW YORK, NY 10014	13-2861673	501 (c) (3)	20,000				UNRESTRICTED
REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOMA 5001 N PENNSYLVANIA SUITE 100 OKLAHOMA CITY, OK 73112	73-1375796	501 (c) (3)	33,500				UNRESTRICTED

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RESOURCE CENTER OF DALLAS INC 2701 Reagan Street Dallas, TX 75219	75-1892059	501 (c) (3)	12,500				UNRESTRICTED
ROCKY MOUNTAIN CARES 4545 E 9TH AVE STE 120 DENVER, CO 80220	27-0847403	501 (c) (3)	7,500				UNRESTRICTED

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Roman Catholic Archbishop of San Francisco 100 Diamond Street San Francisco, CA 941142414	94-1156774	501 (c) (3)	7,500				UNRESTRICTED
ROSIE'S PLACE 889 Harrison Avenue Boston, MA 02118	04-2582187	501 (c) (3)	7,500				UNRESTRICTED

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SAFE HORIZON STREETWORK 2 LAFAYETTE STREET New York, NY 10007	13-2946970	501 (c) (3)	12,500				UNRESTRICTED
SAGE (Services and Advocacy for GLBT Elders) 305 Seventh Ave Suite 15 New York, NY 10001	13-2947657	501 (c) (3)	25,500				UNRESTRICTED

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SAN ANTONIO AIDS FOUNDATION 818 East Grayson Street San Antonio, TX 78208	74-2427853	501 (c) (3)	12,500				UNRESTRICTED
SAN DIEGO HUMANE SOCIETY PAWS SAN DIEGO 5500 GAINES STREET SAN DIEGO, CA 92110	33-0632209	501 (c) (3)	7,500				UNRESTRICTED

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San Francisco AIDS Foundation 1035 Market Street Suite 400 San Francisco, CA 94103	94-2927405	501 (c) (3)	35,000				UNRESTRICTED
San Luis Obispo County AIDS Support Network PO Box 12158 San Luis Obispo, CA 93406	77-0205717	501 (c) (3)	20,000				UNRESTRICTED

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SAY - THE STUTTERING ASSOC FOR THE YOUNG 55 W 39TH ST STE 1001 NEW YORK, NY 10018	33-1049070	501 (c) (3)	10,000				UNRESTRICTED
SELMA AIR PO Box 396 Selma, AL 36701	63-1133272	501 (c) (3)	10,000				UNRESTRICTED

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SERO PROJECT CREATIVE VISIONS FOUNDATION PO BOX 1233 MILFORD, PA 18337	39-1902814	501 (c) (3)	30,000				UNRESTRICTED
SHANNON'S SHARE FOUNDATION P O Box 40244 Glen Oaks, NY 11004	27-5553326	501 (c) (3)	12,500				UNRESTRICTED

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SHANTI Project 730 Polk Street 3rd Floor San Francisco, CA 94109	94-2297147	501 (c) (3)	7,500				UNRESTRICTED
SHASTA - TRINITY - TEHAMA HIV FOOD BANK GENERAL C PO BOX 493283 REDDING, CA 96049	94-1026064	501 (c) (3)	10,000				UNRESTRICTED

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SHELTER RESOURCESBELLE REVE NEW ORLEANS 3029 Royal Street New Orleans, LA 70117	58-2022068	501 (c) (3)	7,500				UNRESTRICTED
Shepherd Wellness Community 4800 Sciota Street Pittsburgh, PA 152242127	25-1781394	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL STE 300 MOUNTAIN VIEW, CA 94040	20-5205488	501 (c) (3)	15,000				UNRESTRICTED
SING FOR YOUR SENIORS INC 1834 2nd Avenue New York, NY 10128	20-8052382	501 (c) (3)	10,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERLOVE INC 3709 BAKERS FERRY RD SW ATLANTA, GA 30331	58-2016070	501 (c) (3)	7,500				UNRESTRICTED
SOCIAL & ENVIRONMENTAL ENTREPRENEURS SEE INC THE GENERATIONS PROJECT 374 S 5TH BROOKLYN, NY 11211	95-4116679	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONORAN PREVENTION WORKS 3201 N 16TH ST STE9 PHOENIX, AZ 85016	30-0760098	501 (c) (3)	10,000				UNRESTRICTED
SOUTH ARKANSAS FIGHTS AIDS 526 West Faulkner Street El Dorado, AR 71730	71-0705708	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA HIV COUNCILWRIGHT WELLNESS CENTER 1813 LAUREL STREET COLUMBIA, SC 29201	57-0994526	501 (c) (3)	7,500				UNRESTRICTED
SOUTH JERSEY AIDS ALLIANCE 19 Gordons Alley Atlantic City, NJ 08401	22-2686586	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ARIZONA AIDS FOUNDATION 375 South Euclid Avenue Tucson, AZ 857196644	86-0864100	501 (c) (3)	7,500				UNRESTRICTED
SOUTHERN NEW HAMPSHIRE HIVAIDS TASK FORCE 12 Amherst Street Nashua, NH 03064	02-0447280	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501 (c) (3)	25,000				UNRESTRICTED
SOUTHERN REP CARE FOR CREATIVES 2541 BAYOU RD NEW ORLEANS, LA 70119	72-1088017	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST CENTER FOR HIV AIDS 1101 N Central Ave Suite 200 Phoenix, AZ 85004	86-0695862	501 (c) (3)	10,000				UNRESTRICTED
SPAHR CENTER 910 IRVIN STREET SAN RAFAEL, CA 94901	68-0072470	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Delivery San Diego 4021 Goldfinch Street San Diego, CA 92103	33-0475238	501 (c) (3)	25,000				UNRESTRICTED
Special Health Resources for Texas 2020 Bill Owens Parkway Suite 230 Longview, TX 75604	75-2405203	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Clement's Food Pantry 423 West 46th Street New York, NY 10036	11-1111111	CHURCH	10,000				UNRESTRICTED
ST LUKE'S LUTHERAN CHURCH 308 W 46TH ST NEW YORK, NY 10036	11-1111111	CHURCH	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPHEN PETRONIO DANCE CO INC 140 2nd Ave Ste 504 New York, NY 10003	22-2742906	501 (c) (3)	9,470				UNRESTRICTED
STREET WORKS 520 Sylvan Street Nashville, TN 37206	62-1806967	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNBURST PROJECTS 1025 19th Street Suite 1A Sacramento, CA 95811	68-0239282	501 (c) (3)	7,500				UNRESTRICTED
SUNRISE HIVAIDS COALITION 3846 E Ave T-2 Palmdale, CA 935509235	95-4553092	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUZERAIN 105 GRIST MILL COURT LEXINGTON, KY 29072	81-3622373	501 (c) (3)	6,000				UNRESTRICTED
SVCS FOR CHILDREN WITH HIDDEN INTELLIGENCE 1001 AVENUE OF THE AMERICAS 4TH FL NEW YORK, NY 10018	22-3301312	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SYLVIA RIVERA LAW PROJECT 147 W 24th St New York, NY 10011	81-0640342	501 (c) (3)	7,500				UNRESTRICTED
THE ACTORS' FUND OF AMERICA 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10019	13-1635251	501 (c) (3)	6,187,338				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE AIDS TASK FORCE of the UPPER OHIO VALLEY PO BOX 6360 WHEELING, WV 260030805	55-0679690	501 (c) (3)	10,000				UNRESTRICTED
THE ALLIANCE FOR POSITIVE HEALTH 927 Broadway Albany, NY 12207	22-2684595	501 (c) (3)	11,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Angel Band Project 6267 Delmar 3W St Louis, MO 63130	80-0707717	501 (c) (3)	7,500				UNRESTRICTED
THE GENERATIONS PROJECT PO BOX 110738 BROOKLYN, NY 11211	81-3129492	501 (c) (3)	19,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPE DINNERS at ST AUGUSTINE'S 116 SIXTH AVE BROOKLYN, NY 11221	11-1111111	CHURCH	10,000				UNRESTRICTED
THE HUMANE SOCIETY OF NEW YORK 306 E 59TH STREET New York, NY 10022	13-1624041	501 (c) (3)	8,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE JEWISH FEDERATION OF GREATER PITTSBURGH 2000 TECHNOLOGY DRVE PITTSBURGH, PA 15219	25-1017602	501 (c) (3)	30,550				UNRESTRICTED
THE LGBT COMMUNITY CENTER OF THE DESERT 1301 NORTH PALM CANYON DR 301 PALM SPRINGS, CA 92262	33-0937301	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE OKLAHOMA UNIVERSITY (OU) FOUNDATION PO BOX 258856 OKLAHOMA CITY, OK 73125	73-6091755	501 (c) (3)	7,500				UNRESTRICTED
THE PINES FOUNDATION 7 E 14TH ST APT 17-0 NEW YORK, NY 10003	11-3488704	501 (c) (3)	8,850				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE PROJECT OF THE QUAD CITIES 2316 Fifth Avenue Moline, IL 61265	42-1358032	501 (c) (3)	7,500				UNRESTRICTED
THE PULMONARY FIBROSIS FOUNDATION 811 WEST EVERGREEN AVE SUITE 204 CHICAGO, IL 60642	84-1558631	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE RIVER FUND 11155 Roseland Road Unit 16 Sebastian, FL 32958	59-3212877	501 (c) (3)	25,000				UNRESTRICTED
THE TREVOR PROJECT 9056 SANTA MONICA BLVD 208 WEST HOLLYWOOD, CA 90069	95-4681287	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE WATERSHED CENTERROCK STEADY FARM & FLOWERS 41 KAYE ROAD MILLERTON, NY 12546	36-4624060	501 (c) (3)	7,500				UNRESTRICTED
THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE NE WASHINGTON, DC 20018	52-1929922	501 (c) (3)	12,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Tides CenterHomeless Youth Alliance PO Box 170427 San Francisco, CA 94117	94-3213100	501 (c) (3)	10,000				UNRESTRICTED
TOPEKA AIDS PROJECT 1001 SW Garfield Topeka, KS 66604	48-1032982	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOUCH OF ROCKLAND COUNTY INC 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (c) (3)	15,000				UNRESTRICTED
TRANSGENDER LEGAL DEFENSE & EDUCATION FUND 20 W 20TH ST STE 705 New York, NY 10011	04-3762842	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Treatment Action Group (TAG) 261 Fifth Avenue Ste 2110 New York, NY 10016	13-3624785	501 (c) (3)	72,500				UNRESTRICTED
TRI-STATE ALLIANCE INC PO Box 2901 Evansville, IN 47728	35-1636272	501 (c) (3)	17,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Troy Area United Ministries Inc 392 Second Street Troy, NY 12180	14-1635408	501 (c) (3)	15,000				UNRESTRICTED
TRUE COLORS FUND 330 West 38th Street Suite 405 New York, NY 10018	45-2489069	501 (c) (3)	20,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TUCSON INTERFAITH HIVAIDS NETWORK (TIHAN) 260 1ST AVENUE TUCSON, AZ 85719	86-0819574	501 (c) (3)	7,500				UNRESTRICTED
Tulsa CARES 3507 East Admiral Place Tulsa, OK 74115	73-1388569	501 (c) (3)	15,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TWIN STATES WOMEN'S NETWORK PO BOX 75 WILLIAMSTOWN, VT 05679	04-3373364	501 (c) (3)	7,500				UNRESTRICTED
US CONFERENCE OF CATHOLIC BISHOPS 115 E 14TH STREET WILMINGTON, DE 19801	53-0196617	501 (c) (3)	25,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UPPER DELAWARE GLBT CTR TRIVERSITY 201 WEST HARTFORD STREET MILFORD, PA 18337	26-3317443	501 (c) (3)	7,500				UNRESTRICTED
URBAN SURVIVOR'S UNION (NC CHAPTER) 2300 W MEADOWVIEW RD STE 209 GREENSBORO, NC 27407	46-3129789	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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US HELPING US 3636 Georgia Ave NW Washington, DC 20010	52-1628279	501 (c) (3)	70,000				UNRESTRICTED
UTAH AIDS FOUNDATION 1408 South 1100 East Salt Lake City, UT 84105	87-0455172	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VALLEY COMMUNITY HEALTHCARE 6801 Coldwater Canyon Ave North Hollywood, CA 91605	23-7050082	501 (c) (3)	7,500				UNRESTRICTED
VENICE FAMILY CLINIC 2401 Lincoln Boulevard Santa Monica, CA 90405	95-4460765	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VICTORY PROGRAMS INC 965 Massachusetts Avenue Boston, MA 02118	04-2575322	501 (c) (3)	7,500				UNRESTRICTED
VIEQUES CONCERT SOCI 22 CALLE HUCAR VIEQUES, PR 00765	66-0755246	501 (c) (3)	6,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VT COMMITT FOR AIDS RESOURCES EDU VERMONT CARES 187 SAINT PAUL STREET BURLINGTON, VT 05401	03-0307864	501 (c) (3)	10,000				UNRESTRICTED
West Alabama AIDS Outreach Inc 2720 6th Street Tuscaloosa, AL 35401	63-0995963	501 (c) (3)	12,500				UNRESTRICTED

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West House Personal Care Home 616 West Edwin Street Willimasport, PA 17701	23-2522649	501 (c) (3)	20,000				UNRESTRICTED
WESTCARE CALIFORNIA INC LIVING ROOM 901 E BELMONT AVE FRESNO, CA 93701	77-0489125	501 (c) (3)	7,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WHITMAN-WALKER CLINIC 1701 14th Street NW Washington, DC 20009	52-1122122	501 (c) (3)	30,000				UNRESTRICTED
WOMEN'S PRISON ASSOCIATION AND HOME INC 110 SECOND AVE NEW YORK, NY 10003	13-5596836	501 (c) (3)	12,500				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WYOMING AIDS ASSISTANCE PO BOX 674 LARAMIE, WY 82073	81-4906541	501 (c) (3)	10,000				UNRESTRICTED
XAVIER MISSION INC 55 W 15th Street New York, NY 10011	45-3763576	501 (c) (3)	10,000				UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YALE UNIVERSITYYALE GLOBAL HEALTH JUSTICE PARTNER 157 CHURCH STREET 12TH FLOOR NEW HAVEN, CT 06510	06-0646972	501 (c) (3)	27,500				UNRESTRICTED

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization BROADWAY CARESEQUITY FIGHTS AIDS INC	Employer identification number 13-3458820
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number
13-3458820

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	17	118,991	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

No

32a

No

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization

BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number

13-3458820

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS THE BOARD OF TRUSTEES IS COMPRISED OF PEOPLE IN THE INDUSTRY, SUCH AS PRODUCERS, ACTORS, PRESS AGENTS AND THEATER OWNERS, EACH OF WHICH COLLABORATE TO MAKE BCEFA FUNDRAISING POSSIBLE, ACCORDINGLY, THE FULL BOARD OF TRUSTEES CONDUCTS BUSINESS ACTIVITIES WITH EACH OTHER

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11A	APPROVAL OF FORM 990 ONCE APPROVED BY MANAGEMENT, The draft FORM 990 IS ELECTRONICALLY CIRCULATED to the FULL BOARD OF TRUSTEES AND PROVIDED WITH A 10 DAY COMMENT PERIOD Questions and comments RECEIVED FROM TRUSTEES are SATISFACTORILY addressed prior to the ELECTRONIC FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12b, 12C	CONFLICT-OF-INTEREST POLICY The Conflict of Interest Policy includes a form and process for key employees and trustees to state their conflicts The Board of Trustees, officers, and key employees provide conflict-of-interest reports on an annual basis

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15A AND 15B	DETERMINATION OF COMPENSATION The Executive Director sets compensation for all employees except for himself and the Director of Finance and Administration Compensation is based on comparable data obtained from peer organizations The Executive Director and Director of Finance and Administration's compensation is determined by the Board of Trustees' executive committee

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19	Public Availability of Governing Documents BCEFA makes its 990 and financial statements available on its website and upon request The Governing documents and conflict of interest policy are distributed internally and are not made available to the public

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS Pension-related changes other than periodic costs (\$1,166,234)