

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10/01, 2013, **and ending** 09/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.			D Employer identification number 13-3458820	
	Doing Business As			E Telephone number (212) 840-0770	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	165 WEST 46TH STREET		1300		
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036			G Gross receipts \$ 19,198,488.		
F Name and address of principal officer: TOM VIOLA 165 WEST 46TH STREET NEW YORK, NY 10036			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.BCEFA.ORG			L Year of formation: 1988 M State of legal domicile: NY		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE ENTERTAINMENT INDUSTRY TO RAISE FUNDS FOR GRANTS FOR AIDS SERVICE ORGANIZATIONS AND OTHER HEALTH ISSUES, DISASTER RELIEF, ETC. AS DIRECTED BY THE BOARD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	52.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	51.
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	96.
	6 Total number of volunteers (estimate if necessary)	6	200.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	139,577.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,733,311.	17,898,544.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,582.	-62,118.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,523.	139,577.
		16,948,416.	17,976,003.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,490,056.	10,694,777.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,106,411.	4,671,450.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	65,601.	71,164.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,992,417.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,167,357.	3,199,046.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,829,425.	18,636,437.	
19 Revenue less expenses. Subtract line 18 from line 12	-881,009.	-660,434.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,303,681.	2,071,323.
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,947,091.	2,681,683.
		356,590.	-610,360.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIE FLOCH				P00736879
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶ 13-1639826		Phone no. 212-949-8700	
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 [X] No

[] Yes [X] 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 [X] No

[] Yes [X] 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 \$ 10,694,777. including grants of \$ 10,694,777.) (Revenue \$)

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.

4b (Code:) (Expenses \$ 4,475,116. including grants of \$) (Revenue \$)

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 THEATRE PROGRAM OUTREACH, AND DANCE STUDIO AND CONVENTION PROGRAM OUTREACH. THESE PROGRAMS REACH THOUSANDS OF YOUNG ADULTS.

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 15,169,893.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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	X	
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		X
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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	X	
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	X	
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		X
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)	X	
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	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
24 a 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>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 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?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) 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>		X
25 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
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>		X
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):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35 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>		
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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (52), 1b (51), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization: LARRY COOK DIRECTOR OF FINANCE 165 WEST 46TH STREET SUITE 1300 NEW YORK, N 212-840-0770

Part VII 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.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
(1) CORNELIUS BAKER TRUSTEE	2.00 0	X						0	0	0
(2) JOHN BARNES TRUSTEE	2.00 0	X						0	0	0
(3) SCOTT BARNES TRUSTEE	2.00 0	X						0	0	0
(4) JOSEPH BENINCASA TRUSTEE	2.00 0	X						0	0	0
(5) PHILIP BIRSH TREASURER	2.00 0	X		X				0	0	0
(6) CHRIS BONEAU TRUSTEE	2.00 0	X						0	0	0
(7) DAVID BINDER TRUSTEE THROUGH 6/14	2.00 0	X						0	0	0
(8) BARRY BROWN TRUSTEE	2.00 0	X						0	0	0
(9) KATE BURTON TRUSTEE	2.00 0	X						0	0	0
(10) ROBERT CALLELY TRUSTEE	2.00 0	X						0	0	0
(11) KATHLEEN CHALFANT TRUSTEE	2.00 0	X						0	0	0
(12) SHERRY COHEN FOURTH VICE PRESIDENT	2.00 0	X		X				0	0	0
(13) ALAN CUMMING TRUSTEE	2.00 0	X						0	0	0
(14) GAVIN DARRAUGH TRUSTEE	2.00 0	X						0	0	0

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

(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			
(15) MICHAEL DAVID TRUSTEE	2.00 0	X					0	0	0	
(16) B MERLE DEBUSKEY TRUSTEE	2.00 0	X					0	0	0	
(17) MARIA DI DIA TRUSTEE	2.00 0	X					0	0	0	
(18) PAUL DI DONATO TRUSTEE	2.00 0	X					0	0	0	
(19) SAM ELLIS TRUSTEE	2.00 0	X					0	0	0	
(20) RICHARD FRANKEL TRUSTEE	2.00 0	X					0	0	0	
(21) ROY HARRIS TRUSTEE	2.00 0	X					0	0	0	
(22) RICHARD HESTER TRUSTEE	2.00 0	X					0	0	0	
(23) CRAIG JACOBS TRUSTEE	2.00 0	X					0	0	0	
(24) RICHARD JAY-ALEXANDER TRUSTEE	2.00 0	X					0	0	0	
(25) CHERRY JONES TRUSTEE	2.00 0	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							604,213.	0	45,086.	
d Total (add lines 1b and 1c)							604,213.	0	45,086.	

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 **4**

	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>		X
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>	X	
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>		X

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

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

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

(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			
(26) NATHAN LANE ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(27) NINA LANNAN ----- THIRD VICE-PRESIDENT	2.00 ----- 0	X		X			0	0	0	
(28) JAY LAUDATO ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(29) PAUL LIBIN ----- PRESIDENT	2.00 ----- 0	X		X			0	0	0	
(30) MARGO LION ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(31) JOE MACHOTA ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(32) NANCY MAHON ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(33) MARY MCCOLL ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(34) KEVIN MCCOLLUM ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(35) MICHAEL MCELROY ----- TRUSTEE	2.00 ----- 0	X					0	0	0	
(36) TERRENCE MCNALLY ----- TRUSTEE	2.00 ----- 0	X					0	0	0	

1b Sub-total ▶

c Total from continuation sheets to Part VII, Section A ▶

d Total (add lines 1b and 1c) ▶

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 ▶ 4

	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>		X
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>	X	
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>		X

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

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

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

(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			
(37) JERRY MITCHELL ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(38) IRA MONT ----- FIRST VICE-PRESIDENT	2.00 ----- 0	X		X				0	0	0
(39) BERNADETTE PETERS ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(40) JUDY RICE ----- SECRETARY	2.00 ----- 0	X		X				0	0	0
(41) CHITA RIVERA ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(42) JORDAN ROTH ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(43) NICK SCANDALIOS ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(44) THOMAS SCHUMACHER ----- SECOND VICE-PRESIDENT	2.00 ----- 0	X		X				0	0	0
(45) ROBERT SCORE ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(46) PHILIP J SMITH ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(47) CHARLOTTE ST MARTIN ----- TRUSTEE	2.00 ----- 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 4

	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>		X
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>	X	
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>		X

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

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

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

(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			
(48) DAVID STONE ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(49) STUART THOMPSON ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(50) TIM TOMPKINS ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(51) ROBERT WANKEL ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(52) NICK WYMAN ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(53) BOB BOYETT ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(54) MARIAN SELDES ----- TRUSTEE THROUGH 6/14	2.00 ----- 0	X						0	0	0
(55) TOM VIOLA ----- EXECUTIVE DIRECTOR	40.00 ----- 0			X				184,144.	0	9,278.
(56) LAWRENCE COOK ----- DIRECTOR OF FINANCE/ADMIN	40.00 ----- 0			X				161,038.	0	9,230.
(57) MICHAEL GRAZIANO ----- PRODUCING DIRECTOR	40.00 ----- 0					X		136,077.	0	9,070.
(58) DANIEL E WHITMAN ----- DIR COMMUNICATIONS/DEVELOPMENT	40.00 ----- 0					X		122,954.	0	17,508.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 4

	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>		X
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>	X	
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>		X

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,158,991.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	15,739,553.				
	g Noncash contributions included in lines 1a-1f: \$		338,624.				
	h Total. Add lines 1a-1f			17,898,544.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			223.			223.
	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) . .					
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		188,027.	188,255.				
		b Less: cost or other basis and sales expenses			188,624.	249,999.	
		c Gain or (loss)			-597.	-61,744.	
	d Net gain or (loss)			-62,341.			-62,341.
	8a Gross income from fundraising events (not including \$ 2,158,991. of contributions reported on line 1c). See Part IV, line 18	a		546,557.			
		b Less: direct expenses	b	546,557.			
		c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a		376,882.				
	b Less: cost of goods sold	b	237,305.				
	c Net income or (loss) from sales of inventory			139,577.		139,577.	
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			17,976,003.		139,577.		-62,118.

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 governments and organizations in the United States. See Part IV, line 21	10,362,676.	10,362,676.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	332,101.	332,101.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	363,925.	251,978.	111,947.	
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	2,935,892.	1,981,467.	420,656.	533,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	619,672.	421,376.	99,148.	99,148.
9 Other employee benefits	466,411.	315,686.	75,280.	75,445.
10 Payroll taxes	285,550.	193,271.	46,089.	46,190.
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	35,833.		35,833.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	71,164.			71,164.
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.)	153,860.	94,029.	11,882.	47,949.
12 Advertising and promotion	413,695.	66,980.	61,002.	285,713.
13 Office expenses	191,777.	67,684.	78,207.	45,886.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	588,950.	398,624.	95,059.	95,267.
17 Travel	109,696.	31,865.	18,151.	59,680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	68,636.	30,750.	19,203.	18,683.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,551.		28,551.	
23 Insurance	47,669.	32,264.	7,694.	7,711.
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 SECURITY -----	36,721.		14,511.	22,210.
b DUES AND SUBSCRIPTIONS -----	13,717.	8,762.	3,890.	1,065.
c PURCHASE OF THEATER TICKETS -----	17,432.	2,165.	15,267.	
d PRODUCTION COSTS -----	806,011.	357,649.		448,362.
e All other expenses -----	686,498.	220,566.	331,757.	134,175.
25 Total functional expenses. Add lines 1 through 24e	18,636,437.	15,169,893.	1,474,127.	1,992,417.
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)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	785,755.	1	631,860.
	2 Savings and temporary cash investments	553,730.	2	582,500.
	3 Pledges and grants receivable, net	30,242.	3	42,276.
	4 Accounts receivable, net	57,336.	4	55,921.
	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	312,962.	8	323,633.
	9 Prepaid expenses and deferred charges	151,557.	9	224,174.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 390,865.		
	b Less: accumulated depreciation	10b 271,900.	75,604.	10c 118,965.
	11 Investments - publicly traded securities	2,621.	11	3,263.
	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	333,874.	15	88,731.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,303,681.	16	2,071,323.	
Liabilities	17 Accounts payable and accrued expenses	183,690.	17	244,163.
	18 Grants payable	250,000.	18	500,000.
	19 Deferred revenue	500,256.	19	197,309.
	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	1,013,145.	25	1,740,211.
	26 Total liabilities. Add lines 17 through 25	1,947,091.	26	2,681,683.
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	15,870.	27	-956,402.
	28 Temporarily restricted net assets	340,720.	28	346,042.
	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	356,590.	33	-610,360.	
34 Total liabilities and net assets/fund balances	2,303,681.	34	2,071,323.	

Part XI Reconciliation of Net Assets

Check 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	17,976,003.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,636,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	-660,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	356,590.
5	Net unrealized gains (losses) on investments	5	877.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-307,393.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-610,360.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,538,396.	16,008,516.	18,032,540.	16,733,311.	17,836,800.	84,149,563.
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.	15,538,396.	16,008,516.	18,032,540.	16,733,311.	17,836,800.	84,149,563.
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).						4,066,206.
6 Public support. Subtract line 5 from line 4.						80,083,357.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	15,538,396.	16,008,516.	18,032,540.	16,733,311.	17,836,800.	84,149,563.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19.	523.	1,398.	1,280.	136.	3,356.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	25,701.					25,701.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	58.	921.	10,016.	11.	87.	11,093.
11 Total support. Add lines 7 through 10						84,189,713.
12 Gross receipts from related activities, etc. (see instructions)					12	1,640,220.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	95.12 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.50 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED EBB FOUNDATION C/O BCEFA 165 WEST 46TH STREET NEW YORK, NY 10036	\$ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number
13-3458820

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization: BROADWAY CARES/EQUITY 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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Questions 1a-1b and 2a-2b regarding collections of art and historical treasures, including dollar amounts.

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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment fund metrics.

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 in 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

Small table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

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

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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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		
(2) ACCRUED PENSION LIABILITY	1,740,211.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	18,301,807.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 877.		
b	Donated services and use of facilities	2b 115,794.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 237,305.		
e	Add lines 2a through 2d		2e	353,976.
3	Subtract line 2e from line 1		3	17,947,831.
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 28,172.		
c	Add lines 4a and 4b		4c	28,172.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,976,003.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	18,961,364.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 115,794.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 237,305.		
e	Add lines 2a through 2d		2e	353,099.
3	Subtract line 2e from line 1		3	18,608,265.
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 28,172.		
c	Add lines 4a and 4b		4c	28,172.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	18,636,437.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48

PART X, LINE 2:

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, RELATING 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 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 ORGANIZATION'S FINANCIAL STATEMENTS.

PART XII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON TAX RETURN AS A REDUCTION OF REVENUE COST OF GOODS SOLD \$237,305

LINE 4B FEES PAID TO AUCTIONEER WHO IS A REGISTERED PROFESSIONAL FUNDRAISER WERE NETTED AGAINST INCOME EARNED WITHIN THE FINANCIAL STATEMENTS, THEREFORE REVENUE IS GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

Part XIII Supplemental Information (continued)

PART XIII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON
TAX RETURN AS A REDUCTION OF REVENUE COST OF GOODS SOLD \$237,305

PART XIII, LINE 4B FEES PAID TO AUCTIONEER WHO IS A REGISTERED
PROFESSIONAL FUNDRAISER WERE NETTED AGAINST INCOME EARNED WITHIN THE
FINANCIAL STATEMENTS, THEREFORE EXPENSES ARE GROSSED UP BY THESE FEES
WITHIN THE TAX RETURN.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

13-3458820

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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
(1) SUB-SAHARAN AFRICA			GRANTMAKING		213,264.
(2) SOUTH AMERICA			GRANTMAKING		5,000.
(3) NORTH AMERICA			GRANTMAKING		75,200.
(4) EUROPE			GRANTMAKING		38,638.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					332,102.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					332,102.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	(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)
(1)			NORTH AMERICA	UNRESTRICTED	65,200.				
(2)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(3)			NORTH AMERICA	UNRESTRICTED	10,000.				
(4)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(5)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(6)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(7)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,026.				
(8)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(9)			SUB-SAHARAN AFRICA	UNRESTRICTED	43,238.				
(10)			EUROPE/ICELAND/GREENLAND	UNRESTRICTED	33,638.				
(11)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(12)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(13)			SUB-SAHARAN AFRICA	UNRESTRICTED	25,000.				
(14)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(15)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(16)									

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. 19.

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" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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)* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to 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).

PROCEDURES FOR FOREIGN GRANT-MAKING

PART I, LINE 2:

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 G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WHITTIER AND ASSOCIATES INC.	CONSULTING		X	170,967.	42,992.	213,959.
2 CHARITY BUZZ, INC.	AUCTIONEER	X		165,720.	28,172.	193,892.
3						
4						
5						
6						
7						
8						
9						
10						
Total				336,687.	71,164.	407,851.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BROADWAY BARES	FIRE ISLAND	7.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	911,041.	524,182.	1,270,323.	2,705,546.
	2 Less: Contributions	701,769.	473,495.	983,725.	2,158,989.
	3 Gross income (line 1 minus line 2)	209,272.	50,687.	286,598.	546,557.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	209,272.			209,272.
	7 Food and beverages				
	8 Entertainment		50,687.		50,687.
	9 Other direct expenses			286,598.	286,598.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				546,557.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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 operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a 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 operate gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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 complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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Name of the organization

BROADWAY CARES/EQUITY 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.

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1 (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
(1) A BETTER PLACE 232 EAST 84TH STREET NEW YORK, NY 10028	13-3645176	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) ACCESS AIDS CARE / CANDII 222 WEST 21ST ST NORFOLK, VA 23517	54-1545157	501 (C) (3)	8,000.				UNRESTRICTED GENERAL
(3) ACCESS NETWORK, INC. 5710 N OKATIE HIGHWAY,#B RIDGELAND, SC 29936	57-0958723	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) ACTION AIDS OF PHILA 1216 ARCH ST, 6TH FL PHILADELPHIA, PA 19107	23-2446355	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) ADULT & JUVENILE EDUCATIONAL SERVICES, INC. PO BOX 771645 MIAMI, FL 33177	65-1147399	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) AFRICA REDEMPTION ALLIANCE, INC. 1299 COLLEGE AVE BRONX, NY 10456	31-1680986	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(7) AFRICAN SERVICES COMMITTEE, INC. 429 W 127TH S, 2ND FL NEW YORK, NY 10027	13-3749744	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(9) AGMA EMERGENCY RELIEF FUND 1430 BROADWAY, 14TH FL NY, NY 10018	13-6155701	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(10) AID FOR AIDS INTERNATIONAL 515 GREENWICH ST,#506 NEW YORK, NY 10013	13-3954568	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) AID UPSTATE 811 PENDLETON ST,#10 GREENVILLE, SC 29601	57-0848637	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) AIDS ACTION BALTIMORE, INC. 10 EAST EAGER ST BALTIMORE, MD 21202	52-1512614	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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

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(1) AIDS ACTION COMMITTEE OF MASSACHUSETTS 75 AMORY STREET BOSTON, MA 02119-0000	22-2707246	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(2) AIDS CIRCLE OF HOPE OF NORTH CENTRAL TEXAS PO BOX 1963 WICHITA FALLS, TX 76307-1963	75-2576568	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) AIDS COMMUNITY RESEARCH CONSORTIUM 2684 MIDDLEFIELD RD REDWOOD CITY, CA 94063	94-3100725	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(4) AIDS COMMUNITY RESEARCH INITIATIVE OF AMERI 230 WEST 38TH ST, 17TH FL NY, NY 10018	13-3632234	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(5) AIDS COMMUNITY RESOURCES, INC. 627 WEST GENESEE ST. SYRACUSE, NY 13204	16-1359060	501 (C) (3)	7,000.				UNRESTRICTED GENERAL
(6) AIDS COUNCIL OF NORTHEASTERN NEW YORK 927 BROADWAY ALBANY, NY 12207	22-2684595	501 (C) (3)	11,000.				UNRESTRICTED GENERAL
(7) AIDS EMERGENCY FUND 12 GRACE ST,#300 SAN FRANCISCO, CA 94103	94-2922039	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) AIDS FOUNDATION HOUSTON, INC. 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(9) AIDS FOUNDATION OF CHICAGO 200 W. JACKSON,#2200 CHICAGO, IL 60606	36-3412054	501 (C) (3)	40,000.				UNRESTRICTED GENERAL
(10) AIDS INSTITUTE 17 DAVIS BLVD,# 403 TAMPA, FL 33606	65-0380952	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(11) AIDS NETWORK 600 WILLIAMSON ST #H MADISON, WI 53703	39-1548528	501 (C) (3)	6,000.				UNRESTRICTED GENERAL
(12) AIDS OUTREACH CENTER 400 NORTH BEACH ST FORT WORTH, TX 76111	75-2139336	501 (C) (3)	10,000.				UNRESTRICTED GENERAL

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(1) AIDS PARTNERSHIP MICHIGAN 2751 E JEFFERSON AVE,#301 DETROIT, MI 48207	38-2464851	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) AIDS PROJECT LOS ANGELES 611 S KINGSLEY DR LOS ANGELES, CA 90005	95-3842506	501 (C) (3)	10,500.				UNRESTRICTED GENERAL
(3) AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511	22-2506184	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(4) AIDS PROJECT OF GREATER DANBURY 300 WEST STREET DANBURY, CT 06810	22-0951387	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET BRATTLEBORO, VT 05302	22-2950456	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) AIDS PROJECT RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0417440	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) AIDS RESOURCE COUNCIL, INC. 315 WEST 10TH ST,#112 ROME, GA 30165	58-2272225	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) AIDS RESPONSE SEACOAST 1 JUNKINS AVE, 4TH FL PORTSMOUTH, NH 03801	22-2884488	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) AIDS SERVICE CENTER 41 EAST 11TH ST, 5TH FL NY, NY 10003	13-3562071	501 (C) (3)	6,500.				UNRESTRICTED GENERAL
(10) AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) AIDS SERVICES FOUNDATION ORANGE COUNTY (ASF) 17982 SKY PK CIRCLE,#J IRVINE, CA 92614	33-0126481	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) AIDS SERVICES OF AUSTIN 7215 CAMERON RD AUSTIN, TX 78752	74-2440845	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) AIDS SERVICES OF DALLAS PO BOX 4338 DALLAS, TX 75208	75-2144518	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) AIDS TASK FORCE OF GREATER CLEVELAND 2829 EUCLID AVE CLEVELAND, OH 44115	34-1433612	501 (C) (3)	18,500.				UNRESTRICTED GENERAL
(3) AIDS UNITED 1424 K STREET,#200 WASHINGTON, DC 20005	52-1706646	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(4) AIDS/HIV HEALTH ALTERNATIVES 11130 HUSTON ST,#8	95-4607820	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) ALBANY DAMIEN CENTER 646 STATE STREET ALBANY, NY 12203	22-3108995	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) ALIVENESS PROJECT 730 E38TH ST MINNEAPOLIS, MN 55407	41-1593900	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) ALL ABOUT PREVENTION PO BOX 57 BRUNSWICK, ME 04011-0057	01-0427425	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) AMERICAN FOUNDATION FOR AIDS 120 WALL ST, 13TH FL NEW YORK, NY 10005	13-3163817	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(9) AMERICAN RED CROSS - SEATTLE CHAPTER 1900 25TH AVE S SEATTLE, WA 98144	53-0196605	501 (C) (3)	36,507.				UNRESTRICTED GENERAL
(10) AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(11) AMPLEHARVEST.ORG 23 CLOVER ROAD NEWFOUNDLAND, NJ 07435-0000	27-2433274	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(12) APPETITE FOR LIFE, INC. 402 W. CERVANTES ST PENSACOLA, FL 32501	59-3415148	501 (C) (3)	20,000.				UNRESTRICTED GENERAL

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(1) ARKANSAS AIDS FOUNDATION 523 S LOUISIANA ST # 216 LIL ROCK, AR 72201	71-0739137	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) ARTISTS STRIVING TO END POVERTY, INC. 165 W 46TH ST #1303 NEW YORK, NY 10036	20-4532991	501 (C) (3)	131,723.				UNRESTRICTED GENERAL
(3) ASIAN & PACIFIC ISLANDER COALITION ON HIV/A 400 BROADWAY NEW YORK, NY 10013	13-3706365	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) ASIAN & PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST, 4TH FL SAN FRAN, CA 94109-7813	94-3093109	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVE, #300 SAN JOSE, CA 95128	94-2292491	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) ATLANTA HARM REDUCTION COALITION, INC. PO BOX 92670 ATLANTA, GA 30318	58-2227958	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(7) BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(8) BAILEY-BOUSHAY HOUSE 2720 E MADISON ST SEATTLE, WA 98112	91-1351110	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(9) BALLET COLLECTIVE, INC 915 W END AVE, #6D NEW YORK, NY 10025	45-3021279	501 (C) (3)	8,500.				UNRESTRICTED GENERAL
(10) BARC SHELTER 253 WTHRE AVE BROOKLYN, NY 11211	13-1882106	501 (C) (3)	7,000.				UNRESTRICTED GENERAL
(11) BEING ALIVE SAN DIEGO 4070 CENTRE ST SAN DIEGO, CA 92103	33-0439092	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) BERING OMEGA COMMUNITY SERVICES PO BOX 540517 HOUSTON, TX 77254-0517	76-0589592	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) BIENSTAR HUMAN SERVICES 5326 EAST BEVERLY BLVD LA, CA 90022	65-4505737	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) BIG BEND CARES 2201 S MONROE ST TALLAHASSEE, FL 32301	59-2816580	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) BIRMINGHAM AIDS OUTREACH 205 32ND ST S BIRMINGHAM, AL 35233	63-0948495	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) BLACK AIDS INSTITUTE 1833 W 8TH ST # 200 LOS ANGELES, CA 90057	95-4742741	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(5) BLESSED SACRAMENT TRANSITIONAL RESIDENCE FO 152 WEST 71ST STREET NEW YORK, NY 10023	13-1623943	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) BOULDER COUNTY AIDS PROJECT 2118 FOURTEENTH STREET BOULDER, CO 80302	74-2442032	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) BRYAN'S HOUSE PO BOX 35868 DALLAS, TX 75235	75-2217559	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) BYWATER CHURCH OF CHRIST/CHRISTIAN OUTREACH PO BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(9) CALLEN-LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501 (C) (3)	51,000.				UNRESTRICTED GENERAL
(10) CANCER SCHMANCER 22837 PACIFIC COAST HWY, BOX 390	26-0489038	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(11) CARACOLE, INC. 1821 SUMMIT RD, # 001 CINCINNATI, OH 45237	31-1210524	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) CAREER TRANSITIONS FOR DANCERS 165 WEST 46TH ST # 701 NEW YORK, NY 10036	13-3488203	501 (C) (3)	21,800.				UNRESTRICTED GENERAL

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

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (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
(1) CARITAS HOUSE, INC. 391 SCOTT AVENUE MORGANTOWN, WV 26508	55-0743418	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) CASA DE ESPERANZA DE LOS NINOS, INC. PO BOX 66581 HOUSTON, TX 77266-6581	76-0106306	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) CEDAR VALLEY HOSPICE 2101 KIMBALL AVE, #401 WATERLOO, IA 50704	42-1135294	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) CENTER FOR HEALTH JUSTICE 900 AVILA ST, #301 LOS ANGELES, CA 90012	42-1605887	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) CENTER FOR HIV LAW AND POLICY / HIV DECRIMI 250 WEST 26TH ST NEW YORK, NY 10006	02-0590588	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(6) CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712	23-3253558	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, I 1902 W COLONIAL DR ORLANDO, FL 32804	59-3338309	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(8) CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH STREET ALEXANDRIA, LA 71301	72-1097079	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) CENTRAL OKLAHOMA HABITAT FOR HUMANITY INC. 5005 S I-35 SVC. RD OKLAHOMA CITY, OK 73129	73-1305668	501 (C) (3)	10,500.				UNRESTRICTED GENERAL
(10) CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. 18200 PAULSON DRIVE, UNIT A-1	65-0498294	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) CHASE BREXTON HEALTH SERVICES 1001 CATHEDRAL ST,BLD B BALTIMORE, MD 21201	52-1638592	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(12) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N CLYBOURN, # 401 CHICAGO, IL 60614	36-3376432	501 (C) (3)	75,000.				UNRESTRICTED GENERAL

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(1) CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) CHILDREN'S PLACE ASSOCIATION 1436 W RANDOPHL 5TH FL CHICAGO, IL 60607	36-3641017	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) CHILDRENS RADIO FOUNDATION NPC 115 W 30TH ST, # 400 NEW YORK, NY 10001	84-1711691	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) CHURCH OF ST. LUKE IN THE FIELDS 487 HUDSON STREET NEW YORK, NY 10014	13-2861673	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 PAHOKEE, FL 33476	65-1079385	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(6) CITYMEALS-ON-WHEELS 355 LEXINGTON AVE NEW YORK, NY 10017-6603	13-3634381	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(7) COALITION ON AIDS IN PASSAIC COUNTY, INC. 100 HAMILTON PLAZA,#1406 PATERSON, NJ 07505	22-2855342	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) COLUMBIA CARES, INC. 1202-8B S JAMES CAMPBELL BLVD	62-1513020	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) COMMON GROUND COMMUNITY - CHRISTOPHER 505 EIGHTH AVE, 15TH FL NEW YORK, NY 10018	11-3048002	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(10) COMMUNITY AIDS NETWORK 895 N MAIN ST AKRON, OH 44310-2123	31-1506671	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT ST DETROIT, MI 48226	38-2704374	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(12) COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(2) COMPLEXIONS CONTEMPORARY BALLET 1633 BROADWAY, 30TH FL NY, NY 10019	13-3790835	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(3) COVENANT HOUSE, INC. 600 SHREWSBURY ST CHARLESTON, WV 25301	31-1015583	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(4) CROSSROADS FOOD PANTRY 329 W. 42ND ST NEW YORK, NY 10036	13-3562651	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(5) CTR FOR HIV EDUCATIONAL STUDIES & TRAINING 142 WEST 36TH ST, 9TH FL NY, NY 10018	13-1988190	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) DAMIEN CENTER 26 NORTH ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 (C) (3)	13,000.				UNRESTRICTED GENERAL
(8) DENVER COLORADO AIDS PROJECT 2490 W 26TH AVE # 300A DENVER, CO 80211	84-0961159	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(9) DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) DIASPORA COMMUNITY SERVICES 182 FOURTH AVE BROOKLYN, NY 11217	11-3122295	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) DOCTORS WITHOUT BORDERS 333 SEVENTH AVE, 2ND FL NY, NY 10001-5004	13-3433452	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) DOORWAYS 4385 MARYLAND AVE ST. LOUIS, MO 63108	43-1484279	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) DUTCHESS OUTREACH, INC. 29 N HAMILTON ST#222 POUGHKEEPSIE, NY 12601	22-2339537	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) EAC NETWORK 50 CLINTON ST, #107 HEMPSTEAD, NY 11550	23-7175609	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVE CINCINNATI, OH 45219	31-0743605	501 (C) (3)	7,502.				UNRESTRICTED GENERAL
(4) ENCORE COMMUNITY SERVICES 239 W 49TH ST NEW YORK, NY 10019	13-3104293	501 (C) (3)	6,000.				UNRESTRICTED GENERAL
(5) EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH ST NEW YORK, NY 10016-7405	13-5563397	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) EXPONENTS, INC. 151 WEST 26TH ST, 3RD FL NEW YORK, NY 10001	13-3572677	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(7) FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133	52-1438544	501 (C) (3)	16,000.				UNRESTRICTED GENERAL
(8) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST BOSTON, MA 02215-4302	04-2510564	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(9) FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(10) FOOD FOR LIFE NETWORK 3510 BISCAYNE BLVD,# 209 MIAMI, FL 33137	59-2815277	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) FOOD OUTREACH, INC. 3117 OLIVE ST ST. LOUIS, MO 63103	43-1492878	501 (C) (3)	25,000.				UNRESTRICTED GENERAL

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(1) FORTUNE SOCIETY 2976 NORTHERN BLVD LIC, NY 11101	13-2645436	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) FRACTURED ATLAS 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(3) FRANCIS HOUSE, INC. 4703 N FLORIDA AVE TAMPA, FL 33603	59-2999484	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) FRANNIE PEABODY CENTER 30 DANFORTH STREET, #311 PORTLAND, ME 04101	01-0416974	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) FRATERNITE NOTRE DAME, INC. 2290 FIRST AVE NEW YORK, NY 10035	13-3600714	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) FRIENDS IN DEED 594 BROADWAY, #706 NEW YORK, NY 10012	13-3628657	501 (C) (3)	30,000.				UNRESTRICTED GENERAL
(8) FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DR, # 700 ARLINGTON, VA 22202	13-3869632	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(9) GAY & LESBIAN ADVOCATES & DEFENDERS (GLAD) 294 WASHINGTON ST, # 301 BOSTON, MA 02108	04-2660498	501 (C) (3)	8,000.				UNRESTRICTED GENERAL
(10) GAY MEN'S HEALTH CRISIS 446 WEST 33RD ST NEW YORK, NY 10001	13-3130146	501 (C) (3)	30,000.				UNRESTRICTED GENERAL
(11) GO CARE (GREATER OUACHITA PROVIDING AIDS RE 1801 NORTH 7TH, # A WEST MONROE, LA 71291	72-1136639	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) GOD'S LOVE WE DELIVER 166 AVE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501 (C) (3)	35,000.				UNRESTRICTED GENERAL

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(1) GOLDEN RAINBOW 801 S RANCHO DR, #B-1B LAS VEGAS, NV 89106	94-3092947	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) GREGORY HOUSE 200 N VINEYARD BLVD HONOLULU, HI 96817	99-0265111	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(3) HARBORPATH PORTAL 3820 FOREST DRIVE, #218 COLUMBIA, SC 29204	45-5174402	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) HARLEM UNITED COMMUNITY AIDS CENTER, INC. 306 LENOX AVE, 3RD FL NEW YORK, NY 10027	13-3461695	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(5) HARM REDUCTION COALITION, INC. 22 WEST 27TH ST, 5TH FL NEW YORK, NY 10001	94-3204958	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(6) HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST DETROIT, MI 48216	38-2719621	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(7) HEALTH GLOBAL ACCESS 429 W. 127TH ST, 2ND FL NEW YORK, NY 10027	20-5053765	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(8) HEALTH OUTREACH PREVENTION EDUCATION, INC. 3540 EAST 31ST ST TULSA, OK 74135	73-1537952	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) HEALTH PEOPLE, INC./RESEARCH FND OF THE CIT 552 SOUTHERN BOULEVARD BRONX, NY 10455	51-0418243	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) HEALTH SERVICES CENTER, INC. PO BOX 1347 ANNISTON, AL 36202	63-0993592	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) HOLY APOSTLES SOUP KITCHEN 296 NINTH AVE NEW YORK, NY 10001	13-2892297	501 (C) (3)	12,500.				UNRESTRICTED GENERAL

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(1) HOPE & HELP CENTER OF CENTRAL FLORIDA, INC. 1935 WOODCREST DR WINTER PARK, FL 32792	59-2872225	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE, # C HOT SPRINGS, AK 71901	71-0778076	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(3) HOUSE OF MERCY, INC. PO BOX 808 BELMONT, NC 28012	56-2153136	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) HOUSING WORKS, INC. 57 WILLOUGHBY ST, 2ND FL BROOKLYN, NY 11201	13-3584089	501 (C) (3)	21,500.				UNRESTRICTED GENERAL
(5) HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 60613	36-2894128	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(6) HOWARD DENTAL CNTR FOR HIV/AIDS ORAL HEALTH 1420 OGDEN STREET DENVER, CO 80218	84-1312498	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) HUDSON VALLEY AUTISM SOCIETY/AUTISM SOCIETY 7910 WOODMONT AVE #300 BETHSEDA, MD 20814	52-1020149	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(8) HYACINTH AIDS FOUNDATION 317 GEORGE ST NEW BRUNSWICK, NJ 08901	22-2648820	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(9) IDENTITY HOUSE PO BOX 829 NEW YORK, NY 10156	13-3002230	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) INCARNATION CHILDREN'S CNTR/FRIENDS OF ICC 142 AUDUBON AVE NEW YORK, NY 10032	13-3853344	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) INTERFAITH AIDS MINISTRY OF GREATER DANBURY 39 ROSE STREET DANBURY, CT 06810	06-1314001	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) INTERNATIONAL AIDS EMPOWERMENT 800 MONTANA AVE EL PASO, TX 79902	74-2967366	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY 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
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(1) INTERNATIONAL AIDS VACCINE INITIATIVE - IAV 110 WILLIAMS ST NEW YORK, NY 10038	13-3870223	501 (C) (3)	50,000.				UNRESTRICTED GENERAL
(2) INTERNATIONAL GAY AND LESBIAN HUMAN RIGHTS 80 MAIDEN LANE NEW YORK, NY 10038	94-3139952	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(3) IRIS HOUSE 2348 ADAM CLAYTON POWELL JR BLVD	13-3699201	501 (C) (3)	17,500.				UNRESTRICTED GENERAL
(4) JEWISH FAMILY SERVICE OF COLORADO 3201 S TAMARAC DR DENVER, CO 80231	84-0402701	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(6) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) KEVIN MCGEE HIV/AIDS DROP IN CENTER 4857 NLAKE BLVD	20-5695673	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(9) LEGACY COMMUNITY HEALTH SERVICES, INC. 3311 RICHMOND AVE, #230 HOUSTON, TX 77098	76-0009637	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(10) LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(11) LESBIAN,GAY,BISEXUAL&TRANSGENDER COMMUNITY 208 W 13TH ST NEW YORK, NY 10011	13-3217805	501 (C) (3)	157,278.				UNRESTRICTED GENERAL
(12) LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE ST, FL2 NEW HAVEN, CT 06510	22-2849124	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) LIFE FOUNDATION 677 ALA MOANA BLVD, #226 HONOLULU, HI 96813	99-0230542	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) LIFECARE ALLIANCE 1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(3) LIFELONG AIDS ALLIANCE 1002 EAST SENECA ST SEATTLE, WA 98122	91-1215715	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(4) LOCAL 802 SENIOR MUSICIANS ASSOCIATION 322 WEST 48TH STREET NEW YORK, NY 10036	13-6226520	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. 60 ADAMS AVE HAUPPAUGE, NY 11788	11-2809739	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) LORD'S PANTRY 177 DAVIS AVE WHITE PLAINS, NY 10605	13-3615598	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(7) LOVING FOOD RESOURCES 123 KENILWORTH RD ASHEVILLE, NC 28803	56-1823591	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(8) LOWER EAST SIDE HARM REDUCTION CENTER 25 ALLEN STREET NEW YORK, NY 10002	13-3727641	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(9) MAITRI 401 DUBOCE AVENUE SAN FRAN, CA 94117	94-3189198	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(10) MALE SURVIVOR 96 ANDEN ST NEW YORK, NY 10040	41-1831829	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) MAMA'S KITCHEN, INC. 3960 HOME AVE SAN DIEGO, CA 92105	33-0434246	501 (C) (3)	35,100.				UNRESTRICTED GENERAL
(12) MARIN AIDS PROJECT 910 IRWIN STREET SAN RAFAEL, CA 94901	68-0072470	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) MARK STUART DANCE THEATER 244 FIFTH AVE NEW YORK, NY 10010	27-4188634	501 (C) (3)	6,000.				UNRESTRICTED GENERAL
(2) MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) MAZZONI CENTER 21 S 12 ST 2TH FL PHILADELPHIA, PA 19107	23-2176338	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(4) MEDICAL AIDS OUTREACH OF ALABAMA/ MONTGOMER 2900 MCGEHEE RD MONTGOMERY, AL 36111	63-0959623	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) MEDICARE RIGHTS CENTER - ACTORS FUND 520 EIGHTH AVE NEW YORK, NY 10018	13-3505372	501 (C) (3)	46,000.				UNRESTRICTED GENERAL
(6) MERCY HOUSE LIVING CENTERS PO BOX 1905 SANTA ANA, CA 92702	33-0315864	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) METRO TEENAIDS 651 PENNSYLVANIA AVE SE	52-1610088	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) METROPOLITAN AIDS NEIGHBORHOOD NUTRITION AL 2323 RANSTEAD ST PHILADELPHIA, PA 19103	23-2586142	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(9) METROPOLITAN INTERDENOMINATIONAL CHURCH FIR PO BOX 280779 NASHVILLE, TN 37229-0779	62-1100022	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(10) MIDLAND/ODESSA AREA AIDS SUPPORT 800 WEST TEXAS MIDLAND, TX 79701	75-2470417	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) MINNESOTA AIDS PROJECT 1400 PARK AVE S MINNEAPOLIS, MN 55404	41-1524746	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) MINNKOTA HEALTH PROJECT 810 4TH AVE S, #202 MOORHEAD, MN 56560	36-3610758	501 (C) (3)	15,000.				UNRESTRICTED GENERAL

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(1) MIRACLE HOUSE 80 EIGHTH AVE, #315 NEW YORK, NY 10011	22-3081068	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) MIX:NYC 79 PINE STREET, PMB132 NY, NY 10005	13-3466739	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) MOMENTUM AIDS PROJECT 322 8TH AVE, 3RD FL NEW YORK, NY 10001	13-3556768	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(4) MOVEABLE FEAST INC. 901 N MILTON AVE BALTIMORE, MD 21205	52-1663825	501 (C) (3)	40,000.				UNRESTRICTED GENERAL
(5) MY BROTHER'S KEEPER, INC. 710 AVIGNON DR RIDGELAND, MS 39157	64-0937314	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) N STREET VILLAGE 1333 N STREET NW WASHINGTON, DC 20005-3601	52-2069681	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 (C) (3)	17,000.				UNRESTRICTED GENERAL
(8) NATIONAL BLACK GAY MEN'S ADVOCACY COALITION C/O US HELPING US WASHINGTON, DC 20010	58-1986941	501 (C) (3)	30,000.				UNRESTRICTED GENERAL
(9) NATIONAL MINORITY AIDS COUNCIL 1931 13TH ST, NW WASHINGTON, DC 20009	52-1578289	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(10) NAT'L CTR. FOR EXPLOITED & MISSING CHILDREN 699 PRINCE STREET ALEXANDRIA, VA 22314-3175	52-1328557	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) NEBRASKA AIDS PROJECT, INC. 250 S 77TH STREET #A OMAHA, NE 68114	47-0786622	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 50 EAST 7TH STREET NEW YORK, NY 10003	31-1689641	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) NEW ORGANIZING INSTITUTE EDUCATION FUND 1850 M STRET NW WASHINGTON, DC 20036	56-2633160	501 (C) (3)	6,000.				UNRESTRICTED GENERAL
(2) NEW YORK CITY GAY AND LESBIAN ANTI-VIOLENCE 24 W 25TH ST NEW YORK, NY 10010	13-3149200	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) NEW YORK LIVE ARTS, INC. 219 W 19TH ST NEW YORK, NY 10011	13-6206608	501 (C) (3)	5,450.				UNRESTRICTED GENERAL
(4) NO/AIDS TASK FORCE 2601 TULANE AVE, #500 NEW ORLEANS, LA 70119	72-1059635	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(5) NORTH CAROLINA HARM REDUCTION COALITION PO BOX 13761 DURHAM, NC 27709	20-3452075	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVE NEWARK, NJ 07103	52-1592616	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(8) NORTHERN COLORADO AIDS PROJECT 400 REMINGTON ST#100 FORT COLLINS, CO 80524	84-1035151	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) NY PRESBYTERIAN HOSPT/WOMEN & CHILDREN CARE 622 W 168TH ST,VC4,EAST#419 NY, NY 10032	13-3957095	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) OKLAHOMA CITY REPERTORY THEATRE P.O. BOX 1913 OKLAHOMA CITY, OK 73101	73-1585689	501 (C) (3)	10,500.				UNRESTRICTED GENERAL
(11) ONE FUND BOSTON 18 TREMONT ST, # 330 BOSTON, MA 02108	46-2547157	501 (C) (3)	40,000.				UNRESTRICTED GENERAL
(12) OPEN AID ALLIANCE 500 N HIGGINS, #100 MISSOULA, MT 59802	36-3652244	501 (C) (3)	10,000.				UNRESTRICTED GENERAL

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(1) OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVE S	41-1681317	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(2) OPEN DOOR PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) OTHER OPTIONS, INC. 3636 NORTHWEST 51ST OKLAHOMA CITY, OK 73112	73-1341319	501 (C) (3)	14,500.				UNRESTRICTED GENERAL
(4) OUR HOUSE OF PORTLAND 2727 SE ALDER ST. PORTLAND, OR 97214	93-0986632	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) OUR TIME THEATRE COM 307 W. 38TH ST #1710 NEW YORK, NY 10018	33-1049070	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(6) PACIFIC PRIDE FOUNDATION 126 E HALEY ST,#A-11	95-3133613	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) PATOKA VALLEY HIV COMMUNITY ACTION GROUP PO BOX 411 JASPER, IN 47547	35-0895838	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) PEOPLE'S HARM REDUCTION ALLIANCE PO BOX 85038 SEATTLE, WA 98145	35-2307112	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) PETER & PAUL COMMUNITY SERVICES, INC. 1025 PK AVE, #1023 ST LOUIS, MO 63104-3720	43-1349643	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) PETS ARE LOVING SUPPORT - ATLANTA 2115 LIDDELL DRIVE NE ATLANTA, GA 30324	58-1970421	501 (C) (3)	6,500.				UNRESTRICTED GENERAL
(11) PETS ARE WONDERFUL SUPPORT 3170 23RD ST SAN FRAN, CA 94110	94-3049133	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(12) PHILADELPHIA CENTER 2020 CENTENARY BLVD SHREVEPORT, LA 71104	72-1204252	501 (C) (3)	10,000.				UNRESTRICTED GENERAL

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Name of the organization

BROADWAY CARES/EQUITY 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (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
(1) PHILADELPHIA CENTER-NATCHITOCHE SATELLITE 224 SOUTH DR NATCHITOCHE, LA 71104-2437	72-1204252	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH # 7F NY, NY 10019	95-4590018	501 (C) (3)	60,000.				UNRESTRICTED GENERAL
(3) PIERCE COUNTY AIDS FOUNDATION 3520 SOUTH PINE ST TACOMA, WA 98409	91-1385245	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) PITTSBURGH AIDS TASK FORCE 5913 PENN AVE PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(5) POSITIVE HEALTH PROJECT, INC. 301 WEST 37TH ST, 3RD FL NY, NY 10018	13-3845305	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(6) PREVENTION POINT PHILADELPHIA 166 W LEHIGH AVE PHILADELPHIA, PA 19133	23-2663699	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(7) PREVENTION POINT PITTSBURGH 907 W ST, 5TH FL PITTSBURGH, PA 15221	25-1852314	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(8) PROJECT ANGEL FOOD 922 VINE STREET LA, CA 90038-2702	95-4115863	501 (C) (3)	37,500.				UNRESTRICTED GENERAL
(9) PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	84-1199481	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(10) PROJECT CHICKEN SOUP 3975 LANDMARK ST#300 CULVER CITY, CA 90232	95-4232540	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) PROJECT HOSPITALITY, INC. 100 PARK AVE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	30,000.				UNRESTRICTED GENERAL
(12) PROJECT INFORM, INC. 273 NINTH ST SAN FRANCISCO, CA 94103	94-3052723	501 (C) (3)	15,000.				UNRESTRICTED GENERAL

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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(1) PROJECT OPEN HAND 730 POLK STREET SAN FRAN, CA 94109	94-3023551	501 (C) (3)	35,000.				UNRESTRICTED GENERAL
(2) PROJECT OPEN HAND/ATLANTA 181 ARMOUR DR, NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	48,247.				UNRESTRICTED GENERAL
(3) PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FL NY, NY 10014	13-2602882	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) PROJECT RESPONSE AIDS CENTER - NORTH 745 SOUTH APOLLO BLVD MELBOURNE, FL 32901	59-3036563	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(5) RAINBOW HEIGHTS CLUB 25 FLATBUSH AVE, 3RD FL BROOKLYN, NY 11217	11-2785605	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) REBECCA DAVIS DANCE COMPANY 3171 35TH STREET, #3R ASTORIA, NY 11106	20-2041093	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOM 5001 N PENNSYLVANIA#100	73-1375796	501 (C) (3)	14,000.				UNRESTRICTED GENERAL
(8) REGIONAL AIDS INTERFAITH NETWORK/RAIN-CHARL PO BOX 37190 CHARLOTTE, NC 28237-7190	56-1825247	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(9) RESEARCH FOUNDATION FOR MENTAL HYGIENE 150 BROADWAY,#301 MENANDS, NY 12229	14-1410842	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(10) RESOURCE CENTER OF DALLAS, INC. 2701 REAGAN ST DALLAS, TX 75219	75-1892059	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) RIVER FUND NEW YORK INC. 8911 LEFFERTS BLVD RICHMOND HILL, NY 11418	11-3450363	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(12) RIVER FUND, THE 11155 ROSELAND RD,#16 SEBASTIAN, FL 32958	59-3212877	501 (C) (3)	20,000.				UNRESTRICTED GENERAL

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(1) ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO 100 DIAMOND ST SAN FRAN, CA 94114-2414	94-1156774	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) ROSIE'S PLACE 889 HARRISON AVE BOSTON, MA 02118	04-2582187	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) SAFE HORIZON/STREETWORK 2 LAFAYETTE ST, 3RD FL NY, NY 10007	13-2946970	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) SAGE(SERVICES AND ADVOCACY FOR GLBT ELDERS) 305 SEVENTH AVE #15 NY, NY 10001	13-2947657	501 (C) (3)	28,000.				UNRESTRICTED GENERAL
(5) SAINT LOUIS EFFORT FOR AIDS 1027 S VANDEVENTER #700 ST. LOUIS, MO 63110	43-1395179	501 (C) (3)	8,500.				UNRESTRICTED GENERAL
(6) SAN ANTONIO AIDS FOUNDATION 818 E GRAYSON ST SAN ANTONIO, TX 78208	74-2427853	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) SAN FRANCISCO AIDS FOUNDATION 1035 MARKET ST #400 SAN FRAN, CA 94103	94-2927405	501 (C) (3)	37,500.				UNRESTRICTED GENERAL
(8) SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(9) SELMA AIR PO BOX 396 SELMA, AL 36701	63-1133272	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) SHANNON'S S.H.A.R.E. FOUNDATION P O BOX 40244 GLEN OAKS, NY 11004	27-5553326	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) SHANTI 730 POLK ST, 3RD FL SAN FRANCISCO, CA 94109	94-2297147	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(12) SHASTA - TRINITY - TEHAMA HIV FOOD BANK PO BOX 493283 REDDING, CA 96049-3283	20-1931988	501 (C) (3)	7,500.				UNRESTRICTED GENERAL

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(1) SHELTER RESOURCES/BELLE REVE NEW ORLEANS 3029 ROYAL ST NEW ORLEANS, LA 70117	58-2022068	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(2) SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA ST PITTSBURGH, PA 15224-2127	25-1781394	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(3) SING FOR YOUR SENIORS INC 1834 2ND AVENUE NY, NY 10128	20-8052382	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) SOUTH AFRICA DEVELOPMENT FUND 555 ARMORY ST BOSTON, MA 02130	22-2674813	501 (C) (3)	20,000.				UNRESTRICTED GENERAL
(5) SOUTH CENTRAL EDUCATIONAL DEVELOPMENT PO BOX 4322 BLUEFIELD, WV 24701	55-0756137	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(6) SOUTH JERSEY AIDS ALLIANCE 19 GORDONS ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) SOUTH MISSISSIPPI AIDS TASK FORCE 2756 FERNWOOD RD BILOXI, MS 39531	64-0789159	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVE TUCSON, AZ 85719-6644	86-0864100	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(9) SOUTHERN NEW HAMPSHIRE HIV/AIDS TASK FORCE 12 AMHERST ST NASHUA, NH 03064	02-0447280	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(10) SOUTHWEST CENTER FOR HIV/ AIDS 1101 N CENTRAL AVE #200 PHOENIX, AZ 85004	86-0695862	501 (C) (3)	12,500.				UNRESTRICTED GENERAL
(11) SOUTHWEST LOUISIANA AIDS COUNCIL 1715 COMMON ST LAKE CHARLES, LA 70601	72-1115522	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(12) SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501 (C) (3)	25,000.				UNRESTRICTED GENERAL

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(1) SPECIAL HEALTH RESOURCES FOR TEXAS 2020 BILL OWENS PKWAY#230	75-2405203	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) SPOKANE AIDS NETWORK 905 SOUTH MONROE SPOKANE, WA 99204	91-1380583	501 (C) (3)	30,000.				UNRESTRICTED GENERAL
(3) ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036	11-1111111	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(4) SUNBURST PROJECTS 1025 19TH STREET,#1A SACRAMENTO, CA 95811	68-0239282	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(5) THE ACTORS' FUND OF AMERICA 729 SEVENTH AVE 10TH FL NY, NY 10019	13-1635251	501 (C) (3)	4,603,000.				UNRESTRICTED GENERAL
(6) THE ALPHA WORKSHOPS 245 WEST 29TH STREET NEW YORK, NY 10001	13-3839867	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(7) THE ESTA FOUNDATION 630 NINTH AVE #609 NEW YORK, NY 10036	38-3715781	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(8) THE POINT FOUNDATION 1357 NEW YORK #401 NEW YORK, NY 10018	84-1582086	501 (C) (3)	7,000.				UNRESTRICTED GENERAL
(9) THE PULMONARY FIBROSIS FOUNDATION 811 W EVERGREEN AVE #204 CHICAGO, IL 60642	84-1558631	501 (C) (3)	6,500.				UNRESTRICTED GENERAL
(10) THE ROYAL SHAKESPEARE CO AMERICAN, INC 258 WEST 48TH ST # 15-6 NY, NY 10019	52-1978194	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) THE SERO PROJECT PO BOX 1233 MILFORD, PA 18337	39-1902814	501 (C) (3)	52,500.				UNRESTRICTED GENERAL
(12) THE TREVOR PROJECT 9056 SANTA MONICA BLVD #208	95-4681287	501 (C) (3)	10,000.				UNRESTRICTED GENERAL

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(1) TIDES CENTER/HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	94-3213100	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(2) TOPEKA AIDS PROJECT 1001 SW GARFIELD TOPEKA, KS 66604	48-1032982	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) TREATMENT ACTION GROUP (TAG) 261 FIFTH AVE,#2110 NEW YORK, NY 10016	13-3624785	501 (C) (3)	24,000.				UNRESTRICTED GENERAL
(5) TRI-STATE ALLIANCE, INC. PO BOX 2901 EVANSVILLE, IN 47728	35-1636272	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(6) TROY AREA UNITED MINISTRIES, INC. 392 SECOND ST TROY, NY 12180	14-1635408	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(7) TRUE COLORS FUND 330 W 38TH ST NEW YORK, NY 10018	45-2489069	501 (C) (3)	75,050.				UNRESTRICTED GENERAL
(8) TRUTH WINS OUT PO BOX 96 BURLINGTON, VT 05402	20-5125079	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(9) TULSA C.A.R.E.S. 3507 EAST ADMIRAL PLACE TULSA, OK 74115	73-1388569	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) TUSCON INTERFAITH HIV/AIDS NETWORK 2660 NORTH 1ST AVE TUSCON, AZ 85719	86-0819574	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(11) UNITED STATES FUND FOR UNICEF 333 EAST 38TH ST NEW YORK, NY 10016	13-1760110	501 (C) (3)	25,000.				UNRESTRICTED GENERAL
(12) UNITED WAY OF WESTERN CONNECTICUT 85 WEST STREET DANBURY, CT 06810	06-0646577	501 (C) (3)	13,045.				UNRESTRICTED GENERAL

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(1) US HELPING US 3636 GEORGIA AVE, NW WASHINGTON, DC 20010	52-1628279	501 (C) (3)	27,500.				UNRESTRICTED GENERAL
(2) VERMONT COMMITTEE FOR AIDS RESOURCES EDUCAT PO BOX 5248 BURLINGTON, VT 05402	03-0307864	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(3) VITAL BRIDGES 5543 N. BROADWAY AVE CHICAGO, IL 60640	36-3621161	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(4) WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH ST TUSCALOOSA, AL 35401	63-0995963	501 (C) (3)	10,000.				UNRESTRICTED GENERAL
(5) WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN ST WILLIMASPORT, PA 17701	23-2522649	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(6) WESTERN COLORADO AIDS PROJECT (WESTCAP) 805 MAIN STREET GRAND JUNCTION, CO 81501	84-1112986	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(7) WESTERN NORTH CAROLINA AIDS PROJECT PO BOX 2411 ASHEVILLE, NC 28802	58-1772685	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(8) WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 (C) (3)	20,500.				UNRESTRICTED GENERAL
(9) WOMEN'S COLLECTIVE 1331 RHODE ISLD AV NE WASHINGTON, DC 20018	52-1929922	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(10) WOMEN'S PRISON ASSOCIATION 110 SECOND AVE NEW YORK, NY 10003	13-5596836	501 (C) (3)	7,500.				UNRESTRICTED GENERAL
(11) WOUNDED WARRIOR PROJ 370 7TH AVE, #1802 NEW YORK, NY 10001	20-2370934	501 (C) (3)	15,000.				UNRESTRICTED GENERAL
(12)							

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Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number
13-3458820

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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 checked="" 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 in 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TOM VIOLA EXECUTIVE DIRECTOR	(i)	184,144.	0	0	0	9,278.	193,422.	0
	(ii)	0	0	0	0	0	0	0
2 LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	(i)	161,038.	0	0	0	9,230.	170,268.	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BROADWAY CARES/EQUITY 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	21 .	188,624 .	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 ▶ (AIRLINE TICKETS)	X	98 .	150,000 .	FMV
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**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

Part II **Supplemental Information.** Complete this part to 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.

PART I, QUESTIONS 32A

THE ORGANIZATION USES AN AUCTIONEER TO HELP SELL DONATED AUCTION ITEMS FOR EXPERIENCES AND AUTOGRAPHED MEMORABILIA, FOR WHICH THERE IS NO READILY DETERMINABLE FAIR MARKET VALUE. THE CONTRIBUTIONS ARE REFLECTED WITHIN THE TAX RETURN AT THE VALUES FOR WHICH THEY WERE SOLD DURING THE AUCTION PROCESS, WHICH PROVIDED THE BEST APPROXIMATION OF FAIR VALUE. VALUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

PART VI, SECTION A, LINE 2:

THE BOARD IS MADE UP OF PEOPLE IN THE INDUSTRY, SUCH AS PRODUCERS,
ACTORS, PRESS AGENTS AND THEATER OWNERS. ALL COLLABORATE TO MAKE BCEFA
FUNDRAISING POSSIBLE THEREFORE THE ENTIRE BOARD CONDUCTS BUSINESS
ACTIVITIES WITH EACH OTHER.

PART VI, SECTION B, LINE 11A:

THE DRAFT 990 IS SCANNED AND EMAILED TO THE ENTIRE BOARD WITH A 10 DAY
COMMENT PERIOD BEFORE FILING. QUESTIONS AND COMMENTS FROM ANY TRUSTEE ARE
ADDRESSED PRIOR TO THE SUBMISSION OF THE FORM 990 TO THE IRS.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12B, 12C:

THE CONFLICT OF INTEREST POLICY INCLUDES A FORM AND PROCESS FOR KEY
EMPLOYEES AND TRUSTEES TO STATE THEIR CONFLICTS. THE BOARD OF TRUSTEES
AND KEY EMPLOYEES PROVIDE CONFLICT-OF-INTEREST REPORTS ON AN ANNUAL
BASIS.

DETERMINATION OF COMPENSATION

PART VI, SECTION B, LINE 15A AND 15B:

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

DETERMINED BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE.

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS

PART VI, SECTION C, LINE 19:

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.

RECONCILIATION OF NET ASSETS

PART XI, LINE 9:

RESTATEMENT OF PRIOR YEAR NET ASSETS \$(810,821)

PENSION-RELATED CHANGES OTHER THAN PERIODIC COSTS 503,428

TOTAL OTHER CHANGES IN NET ASSETS (307,393)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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)

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
---	--

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 THE ENTERTAINMENT INDUSTRY IN OTHER CHARITABLE OR EDUCATIONAL ENDEAVORS, IN EACH CASE AS APPROVED BY THE BOARD OF TRUSTEES.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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



EisnerAmper LLP
750 Third Avenue
New York, NY 10017-2703
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www.eisneramper.com

INSTRUCTIONS FOR FILING
BROADWAY CARES/EQUITY FIGHTS AIDS, INC.
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED SEPTEMBER 30, 2014

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 17, 2015
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

OVERPAYMENT OF TAX...

THE RETURN SHOWS AN OVERPAYMENT OF \$1,942. OF WHICH \$NONE
SHOULD BE REFUNDED TO YOU AND \$1,942. HAS BEEN APPLIED TO YOUR
2014 ESTIMATED TAX.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2013 or other tax year beginning 10/01, 2013, and ending 09/30, 2014

2013

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	BROADWAY CARES/EQUITY FIGHTS AIDS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 165 WEST 46TH STREET 1300 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036	13-3458820
C Book value of all assets at end of year 2,071,323.	F Group exemption number (See instructions.) ▶	E Unrelated business activity codes (See instructions.) 454110
	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ INTERNET MERCHANDISE SALES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ LARRY COOK DIRECTOR OF FINAN Telephone number ▶ 212-840-0770

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	376,882.			
b Less returns and allowances				
c Balance ▶		1c 376,882.		
2 Cost of goods sold (Schedule A, line 7)		2 237,305.		
3 Gross profit. Subtract line 2 from line 1c		3 139,577.		139,577.
4a Capital gain net income (attach Form 8949 and Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13 139,577.		139,577.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	144,923.
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	250.
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	
22b		22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	ATTACHMENT 1	28	124,738.
29 Total deductions. Add lines 14 through 28		29	269,911.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-130,334.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-130,334.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0

Part III Tax Computation

Table with 3 columns: Description, Amount, and Reference. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Reference. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments (A 2012 overpayment credited to 2013, 2013 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions include: 1. At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3. Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Reference. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Signature of officer: JULIE FLOCH, Date, Title. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name (JULIE FLOCH), Preparer's signature, Date, Check [] if self-employed, PTIN (P00736879), Firm's name (EISNERAMPER LLP), Firm's EIN (13-1639826), Firm's address (750 THIRD AVENUE), Phone no. (212-949-8700)

** ATCH 2 NEW YORK, NY 10017-2703

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

CATALOG DESIGN AND PRINTING	44,968.
RENT	62,176.
SUPPLIES AND FREIGHT IN	17,594.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>124,738.</u>

ATTACHMENT 2

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

OTHER COSTS	-23,129.
TOTAL OTHER COSTS	<u>-23,129.</u>

Broadway Cares/Equity Fights Aids, Inc.
Form 990-T
September 30, 2014
EIN #13-3458820

Net Operating Loss Carryforward From:

9/30/2010	\$	11,570
9/30/2011		62,179
9/30/2012		73,902
9/30/2013		45,837
9/30/2014		130,334

NOL Available for 9/30/15 \$ 323,822



EisnerAmper LLP
750 Third Avenue
New York, NY 10017-2703
Tel 212.949.8700 Fax 212.891.4100
www.eisneramper.com

INSTRUCTIONS FOR FILING
BROADWAY CARES/EQUITY FIGHTS AIDS, INC.
NY FORM 500
NEW YORK 500 - ANNUAL FILING FOR CHARITABLE ORG.
FOR THE PERIOD ENDED SEPTEMBER 30, 2014

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY TWO OFFICERS
OF ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE AUGUST 17, 2015
WITH...

NYS DEPARTMENT OF LAW
(OFFICE OF THE ATTORNEY GENERAL)
CHARITIES BUREAU - REGISTRATION SECTION
120 BROADWAY
NEW YORK, NEW YORK 10271

A FILING FEE OF \$50. MUST BE SUBMITTED WITH THE REPORT PAYABLE
TO THE NYS DEPARTMENT OF LAW.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2013
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Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 10 / 01 / 2013 and Ending (mm/dd/yyyy) 09 / 30 / 2014

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer Identification Number (EIN): 13-3458820
	Mailing Address: 165 WEST 46TH STREET, SUITE 1300	NY Registration Number: 04-36-94
	City / State / Zip: NEW YORK, NY, 10036	Telephone: (212) 840-0770
	Website: WWW.BCEFA.ORG	Email: INFO@BROADWAYCARES

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
Signature Title Date

Chief Financial Officer or Treasurer: _____
Signature Title Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>25.</u>	Total fee: \$ <u>50.</u>	Make a single check or money order payable to: "Department of Law"
---	---------------------------------	-----------------------------------	-----------------------------	--

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).

IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.

Audit Report if you received total revenue and support greater than \$500,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you marked the 7A exemption in Part 3a

\$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you marked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: BROADWAY/CARES-EQUITY FIGHTS AIDS INC	NY Registration Number: 043694
--	---------------------------------------

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: WHITTIER AND ASSOCIATES, INC.	NY Registration Number: 326595
	Mailing Address: 92 MAIN STREET	Telephone: 914-674-0230
	City / State / Zip: YONKERS, NY 10701	

3. Contract Information

Contract Start Date: 10/01/2013	Contract End Date: 09/30/2014
--	--------------------------------------

4. Description of Services

Services provided by FRP: DIRECT MAIL CONSULTANT
--

5. Description of Compensation

Compensation arrangement with FRP: PER NEGOTIATED CONTRACT APPROVED BY THE BOARD OF TRUSTEES	Amount Paid to FRP: 42,992.
--	------------------------------------

6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No	If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
--	--

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2013
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Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: BROADWAY/CARES-EQUITY FIGHTS AIDS INC	NY Registration Number: 043694
--	---------------------------------------

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: CHARITY BUZZ, INC.	NY Registration Number: 429715
	Mailing Address: 437 FIFTH AVENUE	Telephone: 212-243-3900
	City / State / Zip: NEW YORK, NY 10016	

3. Contract Information

Contract Start Date: 11/13/2013	Contract End Date: 11/13/2014
--	--------------------------------------

4. Description of Services

Services provided by FRP: AUCTIONEER

5. Description of Compensation

Compensation arrangement with FRP: PER NEGOTIATED CONTRACT APPROVED BY THE BOARD OF TRUSTEES	Amount Paid to FRP: 28,172.
--	------------------------------------

6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No	If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
--	--

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

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Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
-----------------------	-------------------------

2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:



BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 and 2013

JECT TO REVIEW AND REVISION

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Broadway Cares/Equity Fights AIDS, Inc.
New York, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Broadway Cares/Equity Fights AIDS, Inc. (the "Organization"), which comprise the statements of financial position as of September 30, 2014 and 2013, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The Organization's management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Broadway Cares/Equity Fights AIDS, Inc. as of September 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

New York, New York
_____, 2015

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.**Statements of Financial Position**

	<u>September 30,</u>	
	<u>2014</u>	<u>2013</u>
ASSETS		
Cash and cash equivalents	\$ 1,214,360	\$ 1,339,485
Contributions and other receivables	42,276	30,242
Prepaid expenses and other current assets	287,916	466,072
Inventory	323,633	312,962
Property and equipment, net	118,965	75,604
Security deposit	84,173	79,316
	<u>\$ 2,071,323</u>	<u>\$ 2,303,681</u>
LIABILITIES		
Accounts payable and accrued expenses	\$ 244,163	\$ 183,690
Grants payable	500,000	250,000
Accrued pension liability	1,740,211	1,823,966
Deferred revenue	197,309	500,256
	<u>2,681,683</u>	<u>2,757,912</u>
Commitments (Note H)		
NET ASSETS		
Unrestricted, net deficit (Note I):		
Net assets from operations	(462,748)	15,870
Accrued postretirement benefit liability	(493,654)	(810,821)
	(956,402)	(794,951)
Temporarily restricted		
	<u>346,042</u>	<u>340,720</u>
	<u>(610,360)</u>	<u>(454,231)</u>
	<u>\$ 2,071,323</u>	<u>\$ 2,303,681</u>

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Statements of Activities

Year Ended September 30,

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Public support and revenue:						
Contributions	\$ 15,510,367	\$ 51,014	\$ 15,561,381	\$ 14,241,462	\$ 101,908	\$ 14,343,370
Special events (net of direct benefit to donors of \$546,557 and \$291,915 in 2014 and 2013, respectively)	2,158,991		2,158,991	2,220,727		2,220,727
Merchandise sales	376,882		376,882	380,252		380,252
Donated goods and services	265,794		265,794	269,658		269,658
Realized loss on sale of donated goods	(62,341)		(62,341)			
Interest and other income	1,100		1,100	1,391		1,391
Total public support and revenue before net assets released from restrictions	<u>18,250,793</u>	<u>51,014</u>	<u>18,301,807</u>	<u>17,113,490</u>	<u>101,908</u>	<u>17,215,398</u>
Net assets released from restrictions	<u>45,692</u>	<u>(45,692)</u>	<u>0</u>	<u>25,000</u>	<u>(25,000)</u>	<u>0</u>
Total public support and revenue	<u>18,296,485</u>	<u>5,322</u>	<u>18,301,807</u>	<u>17,138,490</u>	<u>76,908</u>	<u>17,215,398</u>
Expenses:						
Program services:						
Grants	10,694,777		10,694,777	10,490,056		10,490,056
Other program services	4,653,332		4,653,332	4,211,626		4,211,626
Total program services	<u>15,348,109</u>		<u>15,348,109</u>	<u>14,701,682</u>		<u>14,701,682</u>
Supporting services:						
Management and general	1,478,636		1,478,636	1,442,643		1,442,643
Fund-raising	2,134,619		2,134,619	1,951,982		1,951,982
Total supporting services	<u>3,613,255</u>		<u>3,613,255</u>	<u>3,394,625</u>		<u>3,394,625</u>
Total expenses	<u>18,961,364</u>		<u>18,961,364</u>	<u>18,096,307</u>		<u>18,096,307</u>
Change in net assets before other adjustments	(664,879)	5,322	(659,557)	(957,817)	76,908	(880,909)
Pension-related changes other than periodic cost	<u>503,428</u>		<u>503,428</u>	<u>(202,666)</u>		<u>(202,666)</u>
Change in net assets	(161,451)	5,322	(156,129)	(1,160,483)	76,908	(1,083,575)
Net assets - beginning of year as restated (Note A[18])	<u>(794,951)</u>	<u>340,720</u>	<u>(454,231)</u>	<u>365,532</u>	<u>263,812</u>	<u>629,344</u>
Net assets - end of year	\$ (956,402)	\$ 346,042	\$ (610,360)	\$ (794,951)	\$ 340,720	\$ (454,231)

See notes to financial statements

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

**Statement of Functional Expenses
Year Ended September 30, 2014**

(with summarized financial information for 2013)

	Program Services	Management and General	Fund- Raising	Year Ended September 30,	
				2014	2013
Salaries	\$ 2,233,445	\$ 532,603	\$ 533,769	\$ 3,299,817	\$ 3,030,005
Payroll taxes and employee benefits	930,333	220,517	220,783	1,371,633	1,076,407
Professional fees and consultants	94,029	47,715	90,941	232,685	248,266
Rent	398,624	95,059	95,267	588,950	598,597
Telephone	25,231	27,435	6,030	58,696	40,396
Printing, advertising and publicity	66,980	61,002	401,507	529,489	516,313
Postage and shipping	61,946	37,831	109,937	209,714	151,713
Conference and meetings	30,750	19,203	18,683	68,636	46,390
Mobilization and production costs	357,649		448,362	806,011	858,432
Merchandising expenses	310,655	4,055	55,035	369,745	320,646
Insurance	32,264	7,694	7,711	47,669	42,944
Dues and subscriptions	8,762	3,890	1,065	13,717	15,696
Security		14,511	22,210	36,721	51,340
Transportation and meals	31,865	18,151	59,680	109,696	103,110
Office supplies and expenses	67,684	78,207	45,886	191,777	169,841
Purchase of theater tickets	2,165	15,267		17,432	28,487
Repairs and maintenance		40,661		40,661	42,217
Credit card commissions		191,641	14	191,655	197,010
Depreciation and amortization		28,551		28,551	30,384
Miscellaneous	950	34,643	17,739	53,332	38,057
	4,653,332	1,478,636	2,134,619	8,266,587	7,606,251
Grants provided	10,694,777			10,694,777	10,490,056
	<u>\$ 15,348,109</u>	<u>\$ 1,478,636</u>	<u>\$ 2,134,619</u>	<u>\$ 18,961,364</u>	<u>\$ 18,096,307</u>

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Statement of Functional Expenses
Year Ended September 30, 2013

	<u>Program Services</u>	<u>Management and General</u>	<u>Fund- Raising</u>	<u>Total Expenses</u>
Salaries	\$ 2,007,982	\$ 533,715	\$ 488,308	\$ 3,030,005
Payroll taxes and employee benefits	712,116	189,086	175,205	1,076,407
Professional fees and consultants	74,450	69,023	104,793	248,266
Rent	396,690	105,439	96,468	598,597
Telephone	22,507	12,416	5,473	40,396
Printing, advertising and publicity	81,565	63,256	371,492	516,313
Postage and shipping	60,870	31,668	59,175	151,713
Conference and meetings	19,923	14,877	11,590	46,390
Mobilization and production costs	409,730		448,702	858,432
Merchandising expenses	277,906	3,325	39,415	320,646
Insurance	28,459	7,564	6,921	42,944
Dues and subscriptions	11,293	4,113	290	15,696
Security		16,715	34,625	51,340
Transportation and meals	31,717	19,461	51,932	103,110
Office supplies and expenses	57,483	75,499	36,859	169,841
Purchase of theater tickets	17,797	10,690		28,487
Repairs and maintenance		42,217		42,217
Credit card commissions		197,010		197,010
Depreciation and amortization		30,384		30,384
Miscellaneous	<u>1,138</u>	<u>16,185</u>	<u>20,734</u>	<u>38,057</u>
	4,211,626	1,442,643	1,951,982	7,606,251
Grants provided	<u>10,490,056</u>			<u>10,490,056</u>
	<u>\$ 14,701,682</u>	<u>\$ 1,442,643</u>	<u>\$ 1,951,982</u>	<u>\$ 18,096,307</u>

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.**Statements of Cash Flows**

	Year Ended September 30,	
	2014	2013
Cash flows from operating activities:		
Change in net assets	\$ (156,129)	\$ (1,083,575)
Adjustments to reconcile change in net assets to net cash used in operating activities:		
Depreciation and amortization	28,551	30,384
Donated investments	(188,624)	(44,581)
Proceeds from sales of donated investments	188,027	45,883
Realized losses (gains) from sales of donated investments	597	(1,302)
Proceeds from sale of donated instrument	188,255	
Realized loss from sale of donated instrument	61,744	
Changes in:		
Contributions and other receivables	(12,034)	1,396
Prepaid expenses and other current assets	(71,843)	(27,355)
Inventory	(10,671)	(43,830)
Security deposit	(4,857)	(451)
Accounts payable and accrued expenses	60,473	(3,390)
Grants payable	250,000	(236,000)
Accrued pension liability	(83,755)	653,929
Deferred revenue	(302,947)	350,521
Net cash used in operating activities	<u>(53,213)</u>	<u>(358,371)</u>
Cash flows from investing activities:		
Purchases of property and equipment	<u>(71,912)</u>	<u>(42,715)</u>
Net cash used in investing activities	<u>(71,912)</u>	<u>(42,715)</u>
Net decrease in cash and cash equivalents	(125,125)	(401,086)
Cash and cash equivalents - October 1	<u>1,339,485</u>	<u>1,740,571</u>
Cash and cash equivalents - September 30	\$ <u>1,214,360</u>	\$ <u>1,339,485</u>
Supplemental disclosure of cash flow information:		
Noncash donations of goods and services	<u>\$ 265,794</u>	<u>\$ 269,658</u>

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE A - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Organization:

Broadway Cares/Equity Fights AIDS, Inc. (the "Organization"), a not-for-profit entity formed in 1988 in the State of New York, raises money to provide grants to (i) organizations providing assistance for health care to those individuals in the entertainment industry who are affected by critical health issues, including but not limited to HIV/AIDS, and (ii) organizations and programs nationwide and internationally that provide care and services to people living with HIV/AIDS. The Organization also facilitates the fund-raising capabilities of the theatre community to address and support an urgent crisis or need, as directed by the Board of Trustees.

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code, and from state and local taxes under comparable laws.

[2] Basis of accounting:

The accompanying financial statements of the Organization have been prepared using the accrual basis of accounting and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit entities.

[3] Use of estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, revenues and expenses. Actual results could differ from those estimates.

[4] Cash equivalents:

For financial reporting purposes, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

[5] Net assets:

The net assets of the Organization and the changes therein are classified and reported as follows:

(i) *Unrestricted:*

- (a) Net assets from operations represent those resources that are not subject to donor restrictions.
- (b) Accrued postretirement benefit liability are those net assets that are held for the purposes of funding the 403(b) plan in future years.

(ii) *Temporarily restricted:*

Temporarily restricted net assets represent those resources that have been restricted by donors and grantors for specified program-related activities or for use in specific time periods. The release from restrictions results from the satisfaction of the restricted purposes specified by the donors or grantors or the passing of time. Temporarily restricted contributions, the requirements of which are met in the year of donation, are reported as unrestricted.

[6] Advertising costs:

Advertising costs are expensed as incurred.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE A - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[7] Functional allocation of expenses:

The cost of providing the various programs and supporting services has been summarized on a functional basis in the accompanying statements of activities. Accordingly, certain costs have been allocated among the program and supporting service categories in reasonable ratios determined by management.

[8] Inventory:

Inventory consists of merchandise available for sale and is valued at the lower of cost or fair value. Certain items have been contributed to inventory and have been recorded at their approximate fair values at the dates of contribution.

[9] Property and equipment:

Property and equipment are reported at their costs at the dates of acquisition or at their fair values at the dates of donation. The Organization capitalizes those assets the cost of which exceeds \$2,000 and that have a useful life of five years or more. Depreciation of furniture and equipment is provided using the straight-line method over estimated useful lives of five years, and leasehold improvements are amortized using the straight-line method over the term of the underlying lease.

Management evaluates the recoverability of the investment in long-lived assets on an ongoing basis and recognizes any impairment in the year of determination. Long-lived assets were tested for impairment as of September 30, 2014 and 2013, and, in the opinion of management, there was no impairment. It is reasonably possible that relevant conditions could change in the near term and necessitate a change in management's estimate of the recoverability of these assets.

[10] Accrued vacation:

Accrued vacation is included as a liability in the accompanying financial statements and represents the Organization's liability, as adjusted each year, for the cost of unused vacation time payable in the event of employee departures. Accrued vacation for fiscal-years 2014 and 2013 was approximately \$26,000 and \$32,000, respectively.

[11] Deferred revenue:

The revenue from advance ticket sales related to a future year's event is deferred and recognized as income in the year in which the performance is held.

[12] Revenue recognition:

Contributions:

Contributions are recorded as revenue upon the receipt of cash or unconditional pledges. Contributions are considered available for unrestricted use unless specifically restricted by the donor. It is the Organization's policy to sell donated investments upon receipt.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE A - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[12] Revenue recognition: (continued)

Special events:

The Organization conducts special events for which the use of a host Broadway theater may be donated and the performers and support staff will donate their time. A portion of the gross proceeds paid by the attendees represents payment for the direct cost of the benefits received by the attendees at the event. In the absence of a verifiable objective means to demonstrate otherwise, the fair value of entertainment provided at these special events is measured at the actual cost to the Organization. Such special-event income is reported net of the direct costs of the event that are attributable to the benefit that the donors receive.

Merchandise sales:

The Organization operates a retail outreach program that sells AIDS-awareness red-ribbon items; items crafted by workshops sheltered for people living with AIDS; general Broadway-show-related memorabilia, and various other collector items. Sales are conducted via a printed catalog and on-line through the Organization's website.

Care-Tix sales:

The Organization has access to seats at Broadway and Off-Broadway shows, which are sold to the general public for double the face value of the ticket, resulting in the recording of 50% of the ticket price as a contribution to the Organization. In the accompanying financial statements, the amount reported in contributions is net of the actual cost of the tickets.

[13] Volunteers:

A substantial number of unpaid volunteers have made significant contributions of their time to the Organization. The value of this contributed time does not meet the criteria for recognition of contributed services required under generally accepted accounting principles and, accordingly, is not included in the accompanying financial statements.

[14] Grants payable:

Grants are recognized as obligations at the time of approval. Grants approved but unpaid as of year-end are reported as liabilities in the accompanying statements of financial position. The grants payable obligation for fiscal-years 2014 and 2013 were \$500,000 and \$250,000, respectively. The grants will be paid in the upcoming year.

[15] Fair-value measurements:

The Organization reports a fair-value measurement of all applicable financial assets and liabilities.

[16] Income tax uncertainties:

The Organization is subject to the provisions of the Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") Topic 740, *Income Taxes*, relating 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 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 Organization's financial statements.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE A - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[17] Subsequent events:

The Organization considers the accounting treatments, and the related disclosures in the current fiscal-year's financial statements, that may be required as the result of all events or transactions that occur after September 30, 2014 through _____, 2015, the date the financial statements were available to be issued.

[18] Restatement of net assets:

Effective September 30, 2013, the Organization restated its net assets to report the impact of an actuarial adjustment to the calculation of the postretirement plan liability. In addition, certain amounts included in the fiscal-year 2013 financial statements have been reclassified to conform to the fiscal-year 2014 presentation.

NOTE B - PROPERTY AND EQUIPMENT

At each fiscal year-end, property and equipment consisted of the following:

	September 30,	
	2014	2013
Office furniture and fixtures	\$ 144,862	\$ 108,175
Equipment	95,495	95,495
Leasehold improvements	<u>150,508</u>	<u>115,283</u>
	390,865	318,953
Less accumulated depreciation and amortization	<u>(271,900)</u>	<u>(243,349)</u>
	<u>\$ 118,965</u>	<u>\$ 75,604</u>

NOTE C - CONTRIBUTIONS AND OTHER RECEIVABLES

These receivables consist of contributions and payments owed from fund-raising events. The amounts are expected to be fully collectible within the next fiscal-year; accordingly, no allowance for doubtful amounts has been established.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE D - TEMPORARILY RESTRICTED NET ASSETS

At each fiscal year-end, temporarily restricted net assets consisted of the following:

	September 30,	
	2014	2013
Revolucion Latina	\$ 65,834	\$ 48,797
Broadway Impact	138,497	159,189
Green Alliance	61,453	57,380
International Community Bakeries	16,011	15,711
Broadway Serves	39,247	9,643
Time restrictions	<u>25,000</u>	<u>50,000</u>
	<u>\$ 346,042</u>	<u>\$ 340,720</u>

During each fiscal year, net assets were released from restrictions as the following donor restrictions were satisfied:

	September 30,	
	2014	2013
Broadway Impact	\$ 20,692	
Time restrictions	<u>25,000</u>	<u>\$ 25,000</u>
	<u>\$ 45,692</u>	<u>\$ 25,000</u>

NOTE E - DONATED GOODS AND SERVICES

Contributed goods are recognized at their fair values at the dates of donation. Contributions of services are recorded as both revenue and expense in the fiscal year in which they are received, provided that the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not donated.

During fiscal-years 2014 and 2013, the Organization received donated goods and services as follows:

	Year Ended September 30,	
	2014	2013
Donated goods:		
Airline tickets	<u>\$ 150,000</u>	<u>\$ 150,000</u>
Donated services:		
Advertising	<u>115,794</u>	<u>119,658</u>
Total donated goods and services	<u>\$ 265,794</u>	<u>\$ 269,658</u>

During fiscal-years 2014 and 2013, the Organization also received donated auction items for experiences and autographed memorabilia, for which there is no readily determinable fair market value. The contributions were recorded within these financial statements at the values for which they were sold during the auction process, which provided the best approximation of fair value.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Notes to Financial Statements September 30, 2014 and 2013

NOTE F - RELATED-PARTY TRANSACTIONS

A member of the Board of Trustees is a principal owner of the press agency used by the Organization. Fees paid for services and expense reimbursements to the press agency were \$38,520 and \$38,021 for fiscal-years 2014 and 2013, respectively.

For fiscal-years 2014 and 2013, grants of approximately \$4,418,000 and \$4,457,000, respectively, were made to not-for-profit organizations that have board members in common with the Organization's Board of Trustees.

NOTE G - RETIREMENT BENEFITS

The Organization has a defined-benefit retirement plan formed under Internal Revenue Code Section 403(b) that covers all employees who meet certain length-of-service requirements. Vesting of the Organization's contributions occurs after the completion of five years of service.

At each fiscal year-end, the plan's funded status, accrued benefit cost, and other underlying data were as follows:

	September 30,	
	2014	2013
Accumulated benefit obligation	<u>\$ (4,173,855)</u>	<u>\$ (3,085,554)</u>
Projected benefit obligation	<u>\$ (4,173,855)</u>	<u>\$ (3,952,519)</u>
Fair value of plan assets	<u>2,433,644</u>	<u>2,128,553</u>
Funded status (obligation in excess of assets)	<u>\$ (1,740,211)</u>	<u>\$ (1,823,966)</u>
Accrued benefit cost reported in the statements of financial position	<u>\$ (1,740,211)</u>	<u>\$ (1,823,966)</u>
Changes in retirement benefits other than included in operating expenses	<u>\$ 503,428</u>	<u>\$ (202,666)</u>
Net periodic pension cost included the following components:		
Service cost benefits earned during the period	\$ 273,487	\$ 240,708
Interest cost on projected benefit obligation	192,022	155,092
Amortization of accumulated loss	110,437	97,560
Actual return on assets	(127,191)	143,821
Net asset gain deferred during period	<u>(29,082)</u>	<u>(283,478)</u>
Net periodic pension costs	<u>\$ 419,673</u>	<u>\$ 353,703</u>
Weighted-average assumptions:		
Discount rate	4.39%	4.90%
Expected return on plan assets	7.00%	7.00%
Rate of compensation increase	2.00%	2.00%
Employer contributions	<u>\$ 200,000</u>	<u>\$ 0</u>
Benefits paid	<u>\$ (22,100)</u>	<u>\$ (20,740)</u>

A contribution of \$445,000 was made to the plan by the Organization subsequent to September 30, 2014.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

**Notes to Financial Statements
September 30, 2014 and 2013**

NOTE G - RETIREMENT BENEFITS (CONTINUED)

Subsequent to year end, the Board formalized its decision to amend the Plan benefits, resulting in the accumulated benefit obligation matching the projected benefit obligation.

At each fiscal year-end, plan assets were invested as follows:

	<u>September 30,</u>	
	<u>2014</u>	<u>2013</u>
Money-market funds	9%	1%
Equity securities	32	35
Fixed-income funds	<u>59</u>	<u>64</u>
Total	<u>100%</u>	<u>100%</u>

Based on expected future service, the benefit distributions expected to be paid in future fiscal years are:

<u>Year Ending September 30,</u>	<u>Expected Benefit Distributions</u>
2015	\$ 71,000
2016	70,000
2017	112,000
2018	120,000
2019	118,000
2020 - 2024	1,236,000

NOTE H - COMMITMENTS

[1] The Organization rents office space under an operating lease agreement that expires on August 31, 2021. The lease requires minimum lease payments plus escalation charges. Rent expense for fiscal-years 2014 and 2013 was approximately \$535,000, and \$505,000, respectively. The minimum annual future obligations under this lease are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2015	\$ 566,819
2016	583,824
2017	601,338
2018	619,379
2019	637,960
Thereafter	1,275,962

[2] In the normal course of business, the Organization enters into various contracts for professional and other services, which are typically renewable on a year-to-year basis.

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

**Notes to Financial Statements
September 30, 2014 and 2013**

NOTE I - DEFICIT IN UNRESTRICTED NET ASSETS

The deficit in unrestricted net assets is due largely to the Organization's accumulated postretirement benefit obligations. Management believes the Organization will have sufficient resources to meet these obligations.

NOTE J - CONCENTRATION OF CREDIT RISK

The Organization deposits its cash with major banking institutions in amounts which may, at times, be in excess of federal insurance limits. Management believes that the Organization has no significant risk of loss on these accounts due to the failure of the institutions, but, if appropriate, the Organization could purchase additional insurance coverage.

NOTE K - SALE OF DONATED MUSICAL INSTRUMENT

During fiscal-year 2012, the Organization received a donation of a musical instrument which was recorded at its appraised fair value of \$250,000. During fiscal-year 2014, the Organization sold the instrument at an auction to an unrelated party for approximately \$188,000, resulting in a realized loss of approximately \$62,000.

DRAFT SUBJECT TO REVIEW AND REVISION



EisnerAmper LLP
750 Third Avenue
New York, NY 10017-2703
Tel 212.949.8700 Fax 212.891.4100
www.eisneramper.com

INSTRUCTIONS FOR FILING
BROADWAY CARES/EQUITY FIGHTS AIDS, INC.
NY FORM CT-13
NEW YORK CT-13 - UNRELATED BUS. INC. TAX RETURN
FOR THE PERIOD ENDED SEPTEMBER 30, 2014

SIGNATURE...

THE ORIGINAL TR-579-CT SHOULD BE SIGNED AND DATED BY AN
AUTHORIZED OFFICER OF THE CORPORATION.

FILING...

RETURN YOUR SIGNED TR-579-CT AUTHORIZATION TO:

EISNERAMPER LLP
750 THIRD AVENUE
NEW YORK, NY 10017-2703

OR FAX YOUR SIGNED TR-579-CT AUTHORIZATION TO:

EISNERAMPER LLP
IND TAX
646 885-4433

OVERPAYMENT...

THE RETURN SHOWS AN OVERPAYMENT OF \$4,709. OF WHICH \$4,709.
HAS BEEN APPLIED TO YOUR ESTIMATED TAX AND \$NONE
SHOULD BE REFUNDED TO YOU.

DO NOT SEPARATELY FILE YOUR TAX RETURN WITH THE STATE. DOING SO WILL
DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT
YOUR RETURN, WHICH IS DUE ON AUGUST 17, 2015. WE WOULD APPRECIATE
YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE
PROCESSING OF YOUR RETURN. THE STATE WILL NOTIFY US WHEN YOUR RETURN
IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE STATE
CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR
RETURN.

CT-2

New York State Department of Taxation and Finance

Corporation Tax Return Summary

2013

2c. Legal name of corporation **2c.** BROADWAY CARES/EQUITY FIGHTS AID

Payment enclosed **8.** .

1	Return type	1.	CT13
2a	Employer ID number (EIN)	2a.	13-3458820
2b	File number (FCC)	2b.	MM9
3	Period beginning date (mm-dd-yy)	3.	10-01-13
4	Period ending date (mm-dd-yy)	4.	09-30-14
5	Amended (Y=1; N=0)	5.	0
6	Address change (Y=1; N=0)	6.	0
7	Final (Y=1; N=0)	7.	0
9	NAICS code	9.	454110
10	MTA indicator (None=0; Y=1; N=2; Both=3)	10.	
11a	Type of bank - Clearinghouse (Y=1; N=0)	11a.	
11b	Type of bank - Savings (Y=1; N=0)	11b.	
11c	Type of bank - Other commercial (Y=1; N=0)	11c.	
12	Federal 1120-H filed (Y=1; N=0)	12.	
13	REIT/RIC indicator (Y=1; N=0)	13.	
14	QSSS indicator (Y=1; N=0)	14.	
15	Form ID number	15.	541001131062
16	Tax sub type	16.	26
17	Tax due/MTA surcharge	17.	250.00
18	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	18.	.
19	Return a Gift to Wildlife	19.	.
20	Breast Cancer Research and Education Fund	20.	.
21	Prostate Cancer Research, Detection, and Education Fund	21.	.
22	9/11 Memorial	22.	.
23a	Volunteer Firefighting & EMS Recruitment Fund	23a.	.
23b	Veterans Remembrance	23b.	.
24	Balance due	24.	.
25	Amount of overpayment credited to next period - NYS	25.	4,709.00
26	Refund of overpayment	26.	.
27	Refund of unused tax credits	27.	.
28	Tax credits to be credited as an overpayment to next year's return	28.	.
29	Amount of overpayment credited to next period - MTA	29.	.
30	Amount of MTA surcharge retaliatory tax credit to be refunded	30.	.
31	Total license fee	31.	.
32	Maintenance fee due	32.	.
33	Fixed dollar minimum	33.	.
34	(Combined) parent's EIN	34.	-
35	New York receipts	35.	.
36	Alternative entire net income (ENI) percentage	36.	.
37	Computation of issuer's allocation percentage	37.	.
38	Issuer's allocation percentage	38.	.
39	Paid preparer's EIN	39.	13-1639826

THIS FORM MUST BE FILED WITH YOUR RETURN

For office use only

541001131062



3Y3553 1.000

2013 CT-13

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Tax Law - Article 13

All filers enter tax period:

beginning **10-01-13** ending **09-30-14**

Amended return

Employer identification number (EIN) 13-3458820	File number MM9	Business telephone number 212 840-0770	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation BROADWAY CARES/EQUITY FIGHTS AIDS, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation NY	Date received (for Tax Department use only)
Number and street or PO box 165 WEST 46TH STREET		Date of incorporation 01-26-88	
City NEW YORK	State NY	ZIP code 10036	Foreign corporations: date began business in NYS
NAICS business code number (from federal return) 454110	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	
Principal unrelated business activity (see instructions) INTERNET MERCHANDISE SALES		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, *Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization*? Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	Payment enclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)	A

Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-131,334.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	250.
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions) • IRC section 199 deduction: <input type="text"/>	5	
6	Add lines 1 through 5.	6	-131,084.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-131,084.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13	Taxable income (subtract line 12 from line 11)	13	-131,084.
14	Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14	-131,084.
15	Tax based on income (multiply line 14 by 9% (.09))	15	
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46	18	4,959.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	4,709.
24	Amount of overpayment on line 23 to be credited to next year	24	4,709.
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.



3Y3570 1.000

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: **Attach a complete copy of your federal return.**

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere
26	Real estate owned (see instructions)	26	
27	Gross rents (attach list; see instructions)	27	
28	Inventories owned	28	
29	Other tangible personal property owned (see instructions)	29	
30	Total (add lines 26 through 29)	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32		
33	All sales of tangible personal property	33		
34	Services performed	34		
35	Rentals of property	35		
36	Other business receipts	36		
37	Total (add lines 32 through 36)	37		
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38		%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39		
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40		%
41	Total of New York State percentages (add lines 31, 38, and 40)	41		%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42		%

Composition of prepayments claimed on line 18*

	Date paid	Amount	
43	Payment with extension request, Form CT-5, line 5	43	
44a	Second installment from Form CT-400	44a	
44b	Third installment from Form CT-400	44b	
44c	Fourth installment from Form CT-400	44c	
45	Amount of overpayment credited from prior years	45	4,959.
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46	4,959.

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: ● _____

Net operating loss (NOL) carryback Capital loss carryback

Federal return filed Form 1139 ● Amended Form 990-T



Third - party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title
	E-mail address of authorized person	Telephone number	Date
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> EISNERAMPER LLP	Firm's EIN 13-1639826	Preparer's PTIN or SSN P00736879
	Signature of individual preparing this return	Address 750 THIRD AVENUE NEW YORK, NY 10017-2703	City State Zip code
	E-mail address of individual preparing this return JULIE.FLOCH@EISNERAMPER.COM	Preparer's NYTPRIN	Date

See instructions for where to file.

400003131062



NEW YORK FOOTNOTES

FORM CT-13 SEPTEMBER 30, 2014 EIN #13-3458820

NET OPERATING LOSS CARRYFORWARD FROM:

9/30/2010 \$11,570

9/30/2011 62,179

9/30/2012 73,902

9/30/2013 46,587

9/30/2014 131,084
-----NOL AVAILABLE FOR 9/30/2014 \$325,322

