

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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2015

**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning** 10/01, 2015, and ending 09/30, 2016

<b>B</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	<b>C</b> Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.			<b>D</b> Employer identification number 13-3458820
	Doing Business As			<b>E</b> 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				<b>G</b> Gross receipts \$ 22,162,218.
<b>F</b> Name and address of principal officer: TOM VIOLA 165 WEST 46TH STREET NEW YORK, NY 10036				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list. (see instructions)
<b>I</b> 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
<b>J</b> Website: WWW.BCEFA.ORG				<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
			<b>L</b> Year of formation: 1988	<b>M</b> State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> 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.				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	52.		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	52.		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	112.		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	150.		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	236,346.		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	21,064,222.	Current Year	21,051,146.
	<b>9</b> Program service revenue (Part VIII, line 2g)		0.		0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38.		-2,891.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		189,513.		254,745.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,253,773.		21,303,000.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,956,096.		12,055,358.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,146,115.		5,145,261.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		71,239.		48,330.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,266,847.				
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,691,460.		3,775,995.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,864,910.		21,024,944.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		388,863.		278,056.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	3,207,809.	End of Year	3,127,440.
	<b>21</b> Total liabilities (Part X, line 26)		3,320,310.		3,060,749.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.		-112,501.		66,691.

**COPY FOR PUBLIC INSPECTION**

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CANDICE METH				P01306891
	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** (2015)

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 \$ 12,055,358. including grants of \$ 12,055,358. ) (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 \$ 5,113,289. 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 THEATER 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 17,168,647.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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	
<b>24a</b> 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
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 (52), 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, address, and telephone number of the person who possesses the organization's books and records: 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) PAUL LIBIN PRESIDENT	2.00 0.	X		X				0.	0.	0.
(2) ROBERT WANKEL EXECUTIVE VP	2.00 0.	X		X				0.	0.	0.
(3) IRA MONT 1ST VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(4) THOMAS SCHUMACHER 2ND VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(5) NINA LANNAN 3RD VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(6) SHERRY COHEN 4TH VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(7) JUDITH RICE SECRETARY	2.00 0.	X		X				0.	0.	0.
(8) PHILIP BIRSH TREASURER	2.00 0.	X		X				0.	0.	0.
(9) CORNELIUS BAKER TRUSTEE	2.00 0.	X						0.	0.	0.
(10) JOHN BARNES TRUSTEE	2.00 0.	X						0.	0.	0.
(11) SCOTT BARNES TRUSTEE	2.00 0.	X						0.	0.	0.
(12) JOSEPH BENINCASA TRUSTEE	2.00 0.	X						0.	0.	0.
(13) DAVID BINDER TRUSTEE	2.00 0.	X						0.	0.	0.
(14) CHRIS BONEAU 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) BARRY BROWN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 16) KATE BURTON ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 17) ROBERT CALLELY ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 18) KATHLEEN CHALFANT ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 19) GAVIN CREEL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 20) ALAN CUMMING ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 21) GAVIN DARRAUGH ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 22) MICHAEL DAVID ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 23) B. MERLE DEBUSKY ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 24) MARIA DI DIA ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 25) PAUL DI DONATO ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							738,308.	0.	85,889.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							738,308.	0.	85,889.	

**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 **▶** 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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) SAM ELLIS TRUSTEE	2.00 0.	X					0.	0.	0.	
27) RICHARD FRANKEL TRUSTEE	2.00 0.	X					0.	0.	0.	
28) ROY HARRIS TRUSTEE	2.00 0.	X					0.	0.	0.	
29) RICHARD HESTER TRUSTEE	2.00 0.	X					0.	0.	0.	
30) RICHARD JAY-ALEXANDER TRUSTEE	2.00 0.	X					0.	0.	0.	
31) CHERRY JONES TRUSTEE	2.00 0.	X					0.	0.	0.	
32) NATHAN LANE TRUSTEE	2.00 0.	X					0.	0.	0.	
33) JAY LAUDATO TRUSTEE	2.00 0.	X					0.	0.	0.	
34) PETER LAWRENCE TRUSTEE	2.00 0.	X					0.	0.	0.	
35) MARGO LION TRUSTEE	2.00 0.	X					0.	0.	0.	
36) JOE MACHOTA TRUSTEE	2.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 **5**

	Yes	No
3 Did the organization list any <b>former</b> 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) NANCY MAHON ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 38) MARY MCCOLL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 39) KEVIN MCCOLLUM ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 40) TERRENCE MCNALLY ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 41) JERRY MITCHELL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 42) BERNADETTE PETERS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 43) CHITA RIVERA ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 44) JORDAN ROTH ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 45) NICK SCANDALIOS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 46) ROBERT SCORE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 47) KATE SHINDLE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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) PHILIP SMITH ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 49) CHARLOTTE ST. MARTIN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 50) DAVID STONE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 51) STUART THOMPSON ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 52) TIM TOMPKINS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
( 53) TOM VIOLA ----- EXECUTIVE DIRECTOR	40.00 ----- 0.			X			201,309.	0.	9,613.	
( 54) LAWRENCE COOK ----- DIRECTOR OF FINANCE & ADMIN	40.00 ----- 0.			X			172,240.	0.	9,613.	
( 55) DANIEL WHITMAN ----- DIRECTOR OF DEVELOPMENT	40.00 ----- 0.					X	145,952.	0.	24,391.	
( 56) VALERIE LAU-KEE LAI ----- PRODUCING DIRECTOR	40.00 ----- 0.					X	115,086.	0.	22,945.	
( 57) MICHAEL MCLEAN ----- CONTROLLER	40.00 ----- 0.					X	103,721.	0.	19,327.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,109,717.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	18,941,429.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		219,577.				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			21,051,146.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			1,079.			1,079.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . . ▶			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			65,607.			
	<b>c</b> Gain or (loss) . . . . .			69,577.			
	<b>d</b> Net gain or (loss) . . . . . ▶			-3,970.			-3,970.
	<b>8a</b> Gross income from fundraising events (not including \$ 2,109,717. of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>			562,217.			
	<b>b</b> Less: direct expenses . . . . . <b>b</b>			562,217.			
	<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			463,770.				
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>			227,424.				
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			254,745.	18,399.	236,346.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			0.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			21,303,000.	18,399.	236,346.	-2,891.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	11,684,108.	11,684,108.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	371,250.	371,250.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	391,500.	329,711.	61,789.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	3,148,063.	1,970,425.	555,338.	622,300.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	655,033.	425,664.	114,206.	115,163.
9 Other employee benefits . . . . .	661,564.	429,910.	115,345.	116,309.
10 Payroll taxes . . . . .	289,101.	187,868.	50,405.	50,828.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	38,000.		38,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	48,330.			48,330.
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.) . . . . .	170,342.	44,088.	29,165.	97,089.
12 Advertising and promotion . . . . .	353,779.	205,941.	97,564.	50,274.
13 Office expenses . . . . .	265,682.	99,162.	102,431.	64,089.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	744,339.	486,083.	127,044.	131,212.
17 Travel . . . . .	109,830.	31,430.	19,940.	58,460.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	45,542.	17,270.	10,726.	17,546.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	38,432.		38,432.	
23 Insurance . . . . .	43,146.	28,176.	7,364.	7,606.
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 -----	39,275.		14,023.	25,252.
b DUES AND SUBSCRIPTIONS -----	9,395.	3,490.	4,984.	921.
c PURCHASE OF THEATER TICKETS -----	56,846.	7,874.	7,544.	41,428.
d PRODUCTION COSTS -----	966,039.	391,203.	26,022.	548,814.
e All other expenses -----	895,348.	454,994.	169,128.	271,226.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>21,024,944.</b>	<b>17,168,647.</b>	<b>1,589,450.</b>	<b>2,266,847.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,267,151.	<b>1</b>	1,217,093.
	<b>2</b> Savings and temporary cash investments . . . . .	1,087,751.	<b>2</b>	1,074,185.
	<b>3</b> Pledges and grants receivable, net . . . . .	90,619.	<b>3</b>	86,607.
	<b>4</b> Accounts receivable, net . . . . .	63,290.	<b>4</b>	58,981.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	235,318.	<b>8</b>	247,141.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	249,297.	<b>9</b>	252,710.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 449,674.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 351,135.	122,933.	<b>10c</b> 98,539.
	<b>11</b> Investments - publicly traded securities . . . . .	2,719.	<b>11</b>	3,453.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	88,731.	<b>15</b>	88,731.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,207,809.	<b>16</b>	3,127,440.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	324,055.	<b>17</b>	132,319.
	<b>18</b> Grants payable . . . . .	540,000.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	453,125.	<b>19</b>	116,442.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	2,003,130.	<b>25</b>	2,811,988.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,320,310.	<b>26</b>	3,060,749.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-436,422.	<b>27</b>	-171,876.
	<b>28</b> Temporarily restricted net assets . . . . .	323,921.	<b>28</b>	238,567.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-112,501.	<b>33</b>	66,691.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,207,809.	<b>34</b>	3,127,440.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,303,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,024,944.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	278,056.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-112,501.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,792.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	321,171.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-425,827.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	66,691.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015



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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (94.38%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (94.68%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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**Part VI** **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).

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**Schedule of Contributors**

**2015**

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	<b>Employer identification number</b> 13-3458820
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**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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).



<b>Name of organization</b> BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	<b>Employer identification number</b> 13-3458820
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**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	_____	\$ 1,650,000.	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.)

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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
  - b** Permanent endowment \_\_\_\_\_%
  - c** Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	
<b>(ii)</b> related organizations	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		163,943.	132,662.	31,281.
<b>d</b> Equipment		130,264.	96,599.	33,665.
<b>e</b> Other		155,467.	121,874.	33,593.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,539.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION LIABILITY	2,811,988.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	21,570,251.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,792.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	101,527.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	227,424.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 334,743.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 21,235,508.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	67,492.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 67,492.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 21,303,000.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	21,286,403.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	101,527.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	227,424.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 328,951.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 20,957,452.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	67,492.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 67,492.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 21,024,944.

**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)

## INCOME TAX UNCERTAINTIES:

## PART X, LINE 2:

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (THE "FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, INCOME TAXES, AS IT RELATES TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS TAXABLE INCOME ("UBTI") ATTRIBUTABLE TO CERTAIN OF ITS MERCHANDISE SALES. BECAUSE THE ORGANIZATION HAS ALWAYS RECORDED THE POTENTIAL LIABILITY FOR THIS TAX, WHEN APPLICABLE, AND BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, MANAGEMENT BELIEVES ASC TOPIC 740 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$227,424

## PART XI, LINE 4B

FEEES PAID TO AUCTIONEER, WERE NETTED AGAINST INCOME WITHIN THE FINANCIAL STATEMENTS, THEREFORE REVENUE IS GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

## PART XII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$227,424

## PART XII, LINE 4B



**Part XIII** Supplemental Information *(continued)*

FEEs PAID TO AUCTIONEER, WERE NETTED AGAINST INCOME 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

**2015**

**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.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://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		301,550.
(2) NORTH AMERICA			GRANTMAKING		63,000.
(3) EUROPE			GRANTMAKING		1,700.
(4) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		5,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					371,250.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					371,250.

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

Schedule F (Form 990) 2015

**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)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(2)			NORTH AMERICA	UNRESTRICTED	15,000.				
(3)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(4)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(5)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(6)			SUB-SAHARAN AFRICA	UNRESTRICTED	25,000.				
(7)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(8)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(9)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(10)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(11)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(12)			SUB-SAHARAN AFRICA	UNRESTRICTED	41,550.				
(13)			NORTH AMERICA	UNRESTRICTED	48,000.				
(14)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(15)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(16)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				

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. . . . . **16.**

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

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PART I, LINE 2

PROCEDURES FOR FOREIGN GRANT-MAKING:

BCEFA ASKS POTENTIAL GRANTEEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY  
WOULD QUALIFY AS THE EQUIVALENT OF A U.S. CHARITY. GRANTEEES 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" on 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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" on 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	155,542.	48,330.	203,872.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				155,542.	48,330.	203,872.

**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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BWAY BARES (event type)	FIRE ISLAND (event type)	7. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	775,694.	568,799.	1,327,441.	2,671,934.
	<b>2</b> Less: Contributions . . . . .	377,370.	527,675.	1,204,672.	2,109,717.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	398,324.	41,124.	122,769.	562,217.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	398,324.			398,324.
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .		41,124.		41,124.
	<b>9</b> Other direct expenses . . . . .			122,769.	122,769.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				562,217.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  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 conducted 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 provide any additional information (see instructions).

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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

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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](http://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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1)</b> LIN6 16 N MARENGO AVE PASADENA, CA 91101	13-4353019	501 ( C ) ( 3 )	6,000.				UNRESTRICTED
<b>(2)</b> A BETTER PLACE 232 EAST 84TH STREET NEW YORK, NY 10028	13-3645176	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(3)</b> A COMMUNITY RESOURCE NETWORK INC. 2 BLACKSMITH STREET LEBANON, NH 03766	22-3104237	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> A IS FOR 411 LAFAYETTE ST., 6TH FL	46-2929713	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5)</b> ABZYME RESEARCH FOUNDATION 67 IRVING PLACE, 12TH FLOOR	27-3438658	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(6)</b> ACCESS AIDS CARE / CANDII 222 WEST 21ST ST NORFOLK, VA 23517	54-1545157	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> ACCESS NETWORK, INC. 5710 NORTH OKATIE HIGHWAY, SUITE B	57-0958723	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(8)</b> ACTION AIDS OF PHILA 1216 ARCH STREET, 6TH FLOOR	23-2446355	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> ACTORS' EQUITY FOUNDATION 165 W. 46TH STREET NEW YORK, NY 10036	13-2513378	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10)</b> ADVOCATES FOR YOUTH 2000 M ST., NW, STE. 750	52-1173590	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> AFRICA REDEMPTION ALLIANCE, INC. 1299 COLLEGE AVENUE BRONX, NY 10456	31-1680986	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(12)</b> AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH STREET, 2ND FLOOR	13-3749744	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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 ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1) AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
(2) AGMA EMERGENCY RELIEF FUND 1430 BROADWAY, 14TH FLOOR	13-6155701	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(3) AID UPSTATE 811 PENDLETON STREET, SUITE 10	57-0848637	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(4) AIDS ACTION BALTIMORE, INC. 10 EAST EAGER STREET BALTIMORE, MD 21202	52-1512614	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(5) AIDS ACTION COMMITTEE OF MASSACHUSETTS 75 AMORY STREET BOSTON, MA 02119-0000	22-2707246	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
(6) AIDS ALABAMA SOUTH 2054 DAUPHIN ST MOBILE, AL 36609	58-1727755	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(7) AIDS CARE OCEAN STATE 18 PARKIS AVENUE PROVIDENCE, RI 02907	22-2929749	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(8) AIDS CIRCLE OF HOPE OF NORTH CENTRAL TEXAS PO BOX 1963 WICHITA FALLS, TX 76307-1963	75-2576568	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(9) AIDS COMMUNITY RESEARCH CONSORTIUM 2684 MIDDLEFIELD ROAD, SUITE E	94-3100725	501 ( C ) ( 3 )	32,500.				UNRESTRICTED
(10) AIDS COMMUNITY RESOURCES, INC. 627 WEST GENESEE ST. SYRACUSE, NY 13204	16-1359060	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(11) AIDS CT/NT'L WORKING POSITIVE COALITION 110 BARTHOLOMEW AVE., STE. 3050	22-3014883	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(12) AIDS EMERGENCY FUND 12 GRACE STREET, STE. 300	94-2922039	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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) (2015)

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Name of the organization

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

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

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
<b>(1)</b> AIDS FOUNDATION HOUSTON, INC. 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(2)</b> HIV PREVENTION JUSTICE ALLIANCE 200 WEST JACKSON BLVD., SUITE 2200	36-3412054	501 ( C ) ( 3 )	37,500.				UNRESTRICTED
<b>(3)</b> AIDS INSTITUTE 17 DAVIS BLVD., SUITE 403 TAMPA, FL 33606	65-0380952	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(4)</b> AIDS INTERFAITH RESIDENTIAL SERVICES, INC. 1800 NORTH CHARLES STREET, SUITE 700	52-1576701	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5)</b> AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT STREET, SUITE 600	23-2576149	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(6)</b> AIDS MINISTRIES/AIDS ASSIST OF NORTH IN 201 S. WILLIAM STREET SOUTH BEND, IN 46601	35-1902136	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111	75-2139336	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(8)</b> AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DRIVE	95-3842506	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511	22-2506184	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(10)</b> AIDS PROJECT OF GREATER DANBURY 300 WEST STREET DANBURY, CT 06810	22-0951387	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET BRATTLEBORO, VT 05302	22-2950456	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12)</b> AIDS PROJECT RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0417440	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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) (2015)

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(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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

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Name of the organization

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Employer identification number

13-3458820

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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
<b>(1)</b> AIDS RESOURCE CENTER OF WISCONSIN, INC. 820 NORTH PLANKINTON AVENUE	39-1534049	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> AIDS RESOURCE COUNCIL, INC. 315 WEST 10TH STREET, STE. 112	58-2272225	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> AIDS RESPONSE SEACOAST 1 JUNKINS AVENUE, 4TH FLOOR	22-2884488	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> AIDS SERVICE ASSOCIATION OF PINELLAS, INC. 3050 1ST AVENUE SOUTH	59-2862537	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5)</b> AIDS SERVICE CENTER 909 SOUTH FAIR OAKS AVENUE	95-4165358	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6)</b> AIDS SERVICES CENTER COALITION 810 BARRET AVE LOUISVILLE, KY 40204	61-1225984	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7)</b> AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> AIDS SERVICES FOUNDATION ORANGE COUNTY 17982 SKY PARK CIRCLE, SUITE J	33-0126481	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9)</b> AIDS SERVICES OF AUSTIN 7215 CAMERON ROAD AUSTIN, TX 78752	74-2440845	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> AIDS SERVICES OF DALLAS PO BOX 4338 DALLAS, TX 75208	75-2144518	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> AIDS UNITED 1424 K STREET, SUITE 200	52-1706646	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(12)</b> AIDS/HIV HEALTH ALTERNATIVES 11130 HUSTON ST., #8	95-4607820	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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) (2015)

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**Grants and Other Assistance to Organizations,  
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Name of the organization

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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) ALBANY DAMIEN CENTER 646 STATE STREET ALBANY, NY 12203	22-3108995	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
(2) ALBUQUERQUE HEALTH CARE FOR HOMELESS, INC. PO BOX 25445 ALBUQUERQUE, NM 87125-0445	85-0368993	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(3) ALI FORNEY CENTER 527 W. 22ND ST., 1ST FL NEW YORK, NY 10011	30-0104507	501 ( C ) ( 3 )	11,000.				UNRESTRICTED
(4) ALIVENESS PROJECT 730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(5) AMERICAN FDN FOR AIDS RESEARCH 120 WALL ST., 13TH FLOOR NEW YORK, NY 10005	13-3163817	501 ( C ) ( 3 )	50,000.				UNRESTRICTED
(6) AMPLEHARVEST.ORG 23 CLOVER ROAD NEWFOUNDLAND, NJ 07435	27-2433274	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(7) APPETITE FOR LIFE, INC. 402 W. CERVANTES ST. PENSACOLA, FL 32501	59-3415148	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
(8) ARTISTS STRIVING TO END POVERTY, INC. 165 W. 46TH ST. SUITE 1303	20-4532991	501 ( C ) ( 3 )	115,616.				UNRESTRICTED
(9) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVENUE, SUITE 300	94-2292491	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(10) ASPIRATIONS 1881 WOODDALE BLVD. BATON ROUGE, LA 70806	71-0944114	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
(11) ATLANTA HARM REDUCTION COALITION, INC. PO BOX 92670 ATLANTA, GA 30318	58-2227958	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
(12) BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501 ( C ) ( 3 )	15,000.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

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

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
<b>(1)</b> BEHIND THE SCENES FOUNDATION 630 9TH AVE., STE. 609 NEW YORK, NY 10036	38-3715781	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(2)</b> BEING ALIVE SAN DIEGO 3940 FOURTH AVE., STE. #130	33-0439092	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3)</b> BIENSTAR HUMAN SERVICES 5326 EAST BEVERLY BOULEVARD	65-4505737	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4)</b> BIG BEND CARES 2201 SOUTH MONROE STREET	59-2816580	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5)</b> BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00940	66-0493399	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6)</b> BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7)</b> BLACK AIDS INSTITUTE 1833 WEST EIGHTH STREET, SUITE 200	95-4742741	501 ( C ) ( 3 )	36,200.				UNRESTRICTED
<b>(8)</b> BLOOMINGTON HOSPITAL POSITIVE LINK 333 E MILLER DRIVE BLOOMINGTON, IN 47401	35-1720796	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9)</b> BOULDER COUNTY AIDS PROJECT 2118 FOURTEENTH STREET BOULDER, CO 80302	74-2442032	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> BREAKING GROUND HDFC-CHRISTOPHER 505 EIGHTH AVE., 15TH FLOOR	11-3048002	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(11)</b> BRONX AIDS SVCS., INC./BOOM! HEALTH HARM REDUCTION CTR., 540 E. FORDHAM RD.	13-3599121	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(12)</b> BRYAN'S HOUSE PO BOX 35868 DALLAS, TX 75235	75-2217559	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> BYWATER CHURCH OF CHRIST PO BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(2)</b> CALCUTTA HOUSE 1601 WEST GIRARD AVENUE	23-2532463	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> CALLEN-LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501 ( C ) ( 3 )	52,500.				UNRESTRICTED
<b>(4)</b> CARACOLE, INC. 1821 SUMMIT ROAD, STE. 001	31-1210524	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(5)</b> CARING COMMUNITIES FOR AIDS 301A W. THIRD STREET BERWICK, PA 18603	23-2815476	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(6)</b> CARITAS HOUSE, INC. 391 SCOTT AVENUE MORGANTOWN, WV 26508	55-0743418	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(7)</b> CASA DE ESPERANZA DE LOS NINOS, INC. PO BOX 66581 HOUSTON, TX 77266-6581	76-0106306	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> CASCADE AIDS PROJECT, INC. 208 SW FIFTH AVE., SUITE 800	93-0903383	501 ( C ) ( 3 )	8,500.				UNRESTRICTED
<b>(9)</b> CEDAR VALLEY HOSPICE 2101 KIMBALL AVE., STE. 401	42-1135294	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> CENTER FOR HEALTH JUSTICE 900 AVILA STREET, SUITE 301	42-1605887	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> CNTR FOR HIV LAW AND POLICY 250 WEST 26TH ST NEW YORK, NY 10006	02-0590588	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(12)</b> CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712	23-3253558	501 ( C ) ( 3 )	12,500.				UNRESTRICTED

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<b>(1)</b> CENTRAL FL HAVEN OF HOPE MINISTRIES, INC. 1902 WEST COLONIAL DRIVE ORLANDO, FL 32804	59-3338309	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(2)</b> CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH STREET ALEXANDRIA, LA 71301	72-1097079	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. 18200 PAULSON DRIVE, UNIT A-1	65-0498294	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4)</b> CHASE BREXTON HEALTH SERVICES 1001 CATHEDRAL ST., BUILDING B	52-1638592	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(5)</b> CHATTANOOGA CARES 13 KENT ST. WEST CHATTANOOGA, TN 37405	62-1325543	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(6)</b> CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBOURN, SUITE 401	36-3376432	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(7)</b> CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(8)</b> CHILDREN OF PARENTS WITH AIDS, INC. (COPWA) PO BOX 561 NEW YORK, NY 10030-0602	13-3893391	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9)</b> CHILDREN'S PLACE ASSOCIATION 1436 W. RANDOPHL, FFITH FLOOR	36-3641017	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> CHRISTIE'S PLACE 2440 THIRD AVE. SAN DIEGO, CA 92101	91-1878632	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 PAHOKEE, FL 33476	65-1079385	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(12)</b> CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE	13-3634381	501 ( C ) ( 3 )	35,000.				UNRESTRICTED

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<b>(1)</b> COALITION ON AIDS IN PASSAIC COUNTY, INC. 100 HAMILTON PLAZA, SUITE 1406	22-2855342	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> CO HEALTH NETWORK/ CO AIDS PROJECT 2490 W. 26TH AVE., #300A DENVER, CO 80211	84-0961159	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(3)</b> COLUMBIA CARES, INC. 1202-8B SO. JAMES CAMPBELL BLVD.	62-1513020	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4)</b> COMMUNITY AIDS NETWORK 895 NORTH MAIN ST. AKRON, OH 44310-2123	31-1506671	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5)</b> COMMUNITY AIDS RESOURCE & EDUCATION SVCS 629 PIONEERS ST., STE. 200	38-2784545	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6)</b> COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT STREET DETROIT, MI 48226	38-2704374	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(7)</b> COMMUNITY HOSPICE 47 LIBERTY STREET CATSKILL, NY 12414	22-2692940	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8)</b> COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(10)</b> COM. PARA ENVEJECIENTES SUENOS DORADOS HC 7 PO BOX 98290 ARECIBO, PR 00612	00-0000000		10,000.				UNRESTRICTED
<b>(11)</b> COVENANT HOUSE, INC. 600 SHREWSBURY STREET CHARLESTON, WV 25301	31-1015583	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(12)</b> CREATIVE ALTERNATIVES OF NEW YORK 225 WEST 99TH STREET NEW YORK, NY 10025	13-3204610	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> CROHN'S & COLITIS FDTN OF AMERICA 120 BROADWAY, STE. 1050A NEW YORK, NY 10271	13-6193105	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> CROSSROADS FOOD PANTRY 39 BROADWAY NEW YORK, NY 10036	00-0000000	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(3)</b> DAMIEN CENTER 26 NORTH ARSENAL AVENUE	35-1711878	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4)</b> DANCE THEATRE OF HARLEM 466 W. 152ND STREET NEW YORK, NY 10031	13-2642091	501 ( C ) ( 3 )	8,500.				UNRESTRICTED
<b>(5)</b> DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 ( C ) ( 3 )	13,500.				UNRESTRICTED
<b>(6)</b> DEAF WEST THEATRE 5114 LANKERSHIM BLVD.,	95-4315054	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7)</b> DELAWARE HIV CONSORTIUM, INC. 100 WEST 10TH ST WILMINGTON, DE 19801	51-0348892	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8)</b> DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY	33-0068583	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE, 2ND FLOOR	13-3433452	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10)</b> DOORWAYS 4385 MARYLAND AVE. ST. LOUIS, MO 63108	43-1484279	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> EAC NETWORK 50 CLINTON STREET, STE. 107	23-7175609	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12)</b> ECUMENICAL MINISTRIES OF OREGON 2941 NE AINSWORTH ST. PORTLAND, OR 97211	93-0625359	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVENUE CINCINNATI, OH 45219	31-0743605	501 ( C ) ( 3 )	6,500.				UNRESTRICTED
<b>(2)</b> EMPOWER U, INC. 8309 NW 22ND AVE. MIAMI, FL 33147	65-0899207	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD. SANTA CRUZ, CA 95060	77-0129193	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH STREET NEW YORK, NY 10016-7405	13-5563397	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(5)</b> EQUALITY FLORIDA PO BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501 ( C ) ( 3 )	60,000.				UNRESTRICTED
<b>(6)</b> EQUALITY FOUNDATION OF GEORGIA, INC. 1530 DEKALB AVE., NE ATLANTA, GA 30307	58-2346744	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7)</b> EQUITAS HEALTH / EQUITAS HEALTH AKRON 1815 W. MARKET STREET AKRON, OH 44313	31-1126780	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(8)</b> EXPONENTS, INC. 151 WEST 26TH STREET, 3RD FLOOR	13-3572677	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(9)</b> FACT BUCKS COUNTY P O BOX 72 NEW HOPE, PA 18938	23-2504602	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(10)</b> FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133	52-1438544	501 ( C ) ( 3 )	25,120.				UNRESTRICTED
<b>(11)</b> FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(12)</b> FILM FORUM, INC. 209 W. HOUSTON STREET NEW YORK, NY 10014	51-0175953	501 ( C ) ( 3 )	10,500.				UNRESTRICTED

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<b>(1) FOOD &amp; FRIENDS</b> 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(2) FOOD FOR LIFE NETWORK</b> 3510 BISCAYNE BLVD, SUITE 209	59-2815277	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(3) FOOD FOR THOUGHT</b> PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4) FOOD OUTREACH INC.</b> 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(5) FORTUNE SOCIETY</b> 29-76 NORTHERN BLVD.	13-2645436	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6) FRACTURED ATLAS</b> 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 ( C ) ( 3 )	32,113.				UNRESTRICTED
<b>(7) FRANCIS HOUSE, INC.</b> 4703 N. FLORIDA AVENUE TAMPA, FL 33603	59-2999484	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8) FRANNIE PEABODY CENTER</b> 30 DANFORTH STREET, SUITE 311	01-0416974	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9) FRATERNITE NOTRE DAME, INC.</b> 2290 FIRST AVENUE NEW YORK, NY 10035	13-3600714	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10) FRATERNITY HOUSE, INC.</b> 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11) FRIENDS FOR LIFE CORPORATION</b> 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(12) FRIENDS IN DEED</b> 594 BROADWAY, SUITE 706 NEW YORK, NY 10012	13-3628657	501 ( C ) ( 3 )	25,000.				UNRESTRICTED

- 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)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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
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<b>(1)</b> FUND FOR THE CITY OF NY, INC. 307 E 116TH STREET NEW YORK, NY 10029	13-2612524	501 ( C ) ( 3 )	6,000.				UNRESTRICTED
<b>(2)</b> FDN LATINO AMERICANA CONTRA EL SIDA INC. 6666 HARWIN DRIVE, SUITE 370	76-0430109	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DRIVE, STE. 700	13-3869632	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(4)</b> GALLIM DANCE COMPANY 520 CLINTON AVE BROOKLYN, NY 11238	27-2278749	501 ( C ) ( 3 )	6,500.				UNRESTRICTED
<b>(5)</b> GAY MEN'S HEALTH CRISIS 446 WEST 33RD STREET NEW YORK, NY 10001	13-3130146	501 ( C ) ( 3 )	59,325.				UNRESTRICTED
<b>(6)</b> GLBT COMMUNITY CTR OF CENTRAL FLORIDA 946 N. MILLS AVE ORLANDO, FL 32803	59-1884445	501 ( C ) ( 3 )	57,500.				UNRESTRICTED
<b>(7)</b> GREATER OUACHITA AIDS RESOURCES & ED 1801 NORTH 7TH, SUITE A	72-1136639	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS	13-3366846	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(9)</b> GOLDEN RAINBOW 801 S. RANCHO DR., STE. B-1B	94-3092947	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10)</b> GRAHAM WINDHAM 33 IRVING PLACE NEW YORK, NY 10003	13-2926426	501 ( C ) ( 3 )	70,000.				UNRESTRICTED
<b>(11)</b> GREGORY HOUSE 200 N VINEYARD BLVD HONOLULU, HI 96817	99-0265111	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(12)</b> HANDS ON 159-00 RIVERSIDE DRIVE WEST, STE. 7-F	11-2969718	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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

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(1) HARBORPATH PORTAL 3820 FOREST DRIVE, SUITE 218	45-5174402	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(2) HARLEM UNITED COMMUNITY AIDS CENTER, INC. 306 LENOX AVENUE, 3RD FLOOR	13-3461695	501 ( C ) ( 3 )	30,000.				UNRESTRICTED
(3) HARM REDUCTION COALITION, INC. 22 WEST 27TH STREET, 5TH FLOOR	94-3204958	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
(4) HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST. DETROIT, MI 48216	38-2719621	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
(5) HEALTH GLOBAL ACCESS 429 W. 127TH ST, 2ND FL NEW YORK, NY 10027	20-5053765	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(6) HEALTH OUTREACH PREVENTION EDUCATION, INC. 3540 EAST 31ST ST TULSA, OK 74135	73-1537952	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(7) HEALTH PEOPLE, INC. 552 SOUTHERN BOULEVARD BRONX, NY 10455	13-1988190	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(8) HEALTH SERVICES CENTER, INC. PO BOX 1347 ANNISTON, AL 36202	63-0993592	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(9) HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
(10) HISPANIC AIDS FORUM 1767 PARK AVENUE, 5TH FLOOR	13-3422748	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(11) HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR	13-3573852	501 ( C ) ( 3 )	50,000.				UNRESTRICTED
(12) HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403-1933	93-0963546	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE NEW YORK, NY 10001	13-2892297	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(2)</b> HOPE AND HELP CENTER OF CENTRAL FL, INC. 1935 WOODCREST DRIVE WINTER PARK, FL 32792	59-2872225	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(3)</b> ST. AUGUSTINE ROMAN CATHOLIC CHURCH 116 6TH AVE. BROOKLYN, NY 11217	00-0000000	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE., STE. C	71-0778076	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(5)</b> HOUSE OF MERCY, INC. PO BOX 808 BELMONT, NC 28012	56-2153136	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(6)</b> HOUSING OPPORTUNITIES FOR WOMEN (HOW) 1607 W. HOWARD STREET, 2ND FLOOR	36-3263818	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> HOUSING WORKS, INC. 57 WILLOUGHBY STREET, 2ND FLOOR	13-3584089	501 ( C ) ( 3 )	35,050.				UNRESTRICTED
<b>(8)</b> HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(9)</b> HUDSON VALLEY AUTISM SOCIETY/AUTISM SOCIETY 7910 WOODMONT AVE., STE.300	52-1020149	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(10)</b> HUDSON VALLEY COMMUNITY SERVICES 40 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-3322100	501 ( C ) ( 3 )	7,700.				UNRESTRICTED
<b>(11)</b> HUDSON VALLEY LGBTQ COMM CENTER 300 WALL STREET, P.O. BOX 3994	20-3721531	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> HYACINTH AIDS FOUNDATION 317 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-2648820	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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<b>(1) IDENTITY HOUSE</b> PO BOX 829 NEW YORK, NY 10156	13-3002230	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(2) INCARNATION CHILDREN'S CENTER</b> 142 AUDUBON AVENUE NEW YORK, NY 10032	13-3853340	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3) INDIANA RECOVERY ALLIANCE</b> PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(4) INTERFAITH AIDS MINISTRY OF GREATER DANBURY</b> 39 ROSE STREET DANBURY, CT 06810	06-1314001	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5) INTERNATIONAL AIDS EMPOWERMENT</b> 800 MONTANA AVENUE EL PASO, TX 79902	74-2967366	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6) INTERNATIONAL AIDS VACCINE INITIATIVE</b> 110 WILLIAMS ST NEW YORK, NY 10038	13-3870223	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(7) INTERNATIONAL DOCUMENTARY ASSOCIATION</b> 3470 WILSHIRE BLVD., #980	95-3911227	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(8) IRIS HOUSE</b> 2348 ADAM CLAYTON POWELL JR. BLVD.	13-3699201	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(9) IU FOUNDATION - SCHOOL OF MEDICINE</b> PO BOX 7072 INDIANAPOLIS, IN 46207	35-6018940	501 ( C ) ( 3 )	9,000.				UNRESTRICTED
<b>(10) JASMYN-JACKSONVILLE AREA SEXUAL MINORITY</b> 923 PENINSULAR PLACE JACKSONVILLE, FL 32204	59-3284175	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11) JERUSALEM HOUSE, INC.</b> 17 EXECUTIVE PARK DR. NE, STE. 290	58-1829807	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12) JEWISH FAMILY SERVICE OF COLORADO</b> 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84-0402701	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(2)</b> KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3)</b> KIDS FIGHTING AIDS INC. 317 W. 8TH STREET COLUMBIA, TN 38401	62-1730135	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(5)</b> LALELA PROJECT 5 HANOVER SQUARE, STE. #2103	27-0341475	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6)</b> LANSING AREA AIDS NETWORK 913 W. HOLMES RD., SUITE 115	38-2791807	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> LARAMIE REPRODUCTIVE HEALTH 413 S. 21ST STREET LARAMIE, WY 82070	83-0212347	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8)</b> LEGACY COMMUNITY HEALTH SERVICES, INC. 3311 RICHMOND AVENUE, #230	76-0009637	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(9)</b> LEGACY COUNSELING CENTER 4054 MCKINNEY AVE., STE. 102	75-2296536	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> LGBT COMMUNITY CENTER 208 WEST 13TH STREET NEW YORK, NY 10011	13-3217802	501 ( C ) ( 3 )	174,140.				UNRESTRICTED
<b>(12)</b> LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE STREET, FLOOR 2	22-2849124	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> LIFE FOUNDATION 677 ALA MOANA BLVD., #226	99-0230542	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(3)</b> LIFELONG AIDS ALLIANCE 1002 EAST SENECA STREET SEATTLE, WA 98122	91-1215715	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(4)</b> LIVE OUT LOUD 45 W. 36TH ST., 6TH FLOOR	84-1628418	501 ( C ) ( 3 )	6,500.				UNRESTRICTED
<b>(5)</b> LOCAL 802 SENIOR MUSICIANS ASSOCIATION LOCAL 802, AFM, 322 WEST 48TH STREET	13-6226520	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(6)</b> LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. 60 ADAMS AVENUE HAUPPAUGE, NY 11788	11-2809739	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> LOS ANGELES LGBT COMMUNITY SERVICES CENTER 1625 NORTH SCHRADER BLVD.	95-3567895	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(8)</b> LOVING FOOD RESOURCES 123 KENILWORTH ROAD ASHEVILLE, NC 28803	56-1823591	501 ( C ) ( 3 )	21,000.				UNRESTRICTED
<b>(9)</b> LOWCOUNTRY AIDS SERVICES GRP INC. 1501 MANLEY AVE CHARLESTON, SC 29405	57-0905550	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> MAITRI 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	94-3189198	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(11)</b> MALE SURVIVOR 96 ANDEN ST NEW YORK, NY 10040	41-1831829	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> MAMA'S KITCHEN, INC. 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501 ( C ) ( 3 )	35,000.				UNRESTRICTED

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- 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
<b>(1)</b> MARIN AIDS PROJECT 910 IRWIN STREET SAN RAFAEL, CA 94901	68-0072470	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3)</b> MAYOR'S ALLIANCE FOR NYC ANIMALS 244 FIFTH AVE., STE # R290	73-1653635	501 ( C ) ( 3 )	19,500.				UNRESTRICTED
<b>(4)</b> MAZZONI CENTER 21 SOUTH 12TH STREET, 12TH FLOOR	23-2176338	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(5)</b> MEDICARE RIGHTS CENTER - ACTORS FUND 520 EIGHTH AVENUE NEW YORK, NY 10018	13-3505372	501 ( C ) ( 3 )	46,100.				UNRESTRICTED
<b>(6)</b> MERRYMEETING AIDS SUPPORT SERVICES PO BOX 57 BRUNSWICK, ME 04011	01-0427425	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> MET AIDS NEIGHBOR'D NUTRITION ALLIANCE 2323 RANSTEAD STREETM	23-2586142	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(8)</b> METROPOLITAN COMMUNITY CHURCH OF NY(MCCNY) 446 W. 36TH ST., NEW YORK, NY 10018	13-4230871	501 ( C ) ( 3 )	30,000.				UNRESTRICTED
<b>(9)</b> MET INTERDENOMINAT'L CHURCH 1ST RESPONSE PO BOX 280779 NASHVILLE, TN 37229-0779	62-1100022	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10)</b> MIDLAND/ODESSA AREA AIDS SUPPORT 800 WEST TEXAS MIDLAND, TX 79701	75-2470417	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> MINNESOTA AIDS PROJECT 1400 PARK AVENUE SOUTH	41-1524746	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12)</b> MINNKOTA HEALTH PROJECT 810 4TH AVENUE SOUTH, SUITER 202	36-3610758	501 ( C ) ( 3 )	20,000.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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

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<b>(1)</b> MONTGOMERY AIDS OUTREACH 2900 MCGEHEE ROAD MONTGOMERY, AL 36111	63-0959623	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(2)</b> MORGANTOWN HEALTH RIGHTS 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(3)</b> MOVEABLE FEAST INC. 901 NORTH MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(4)</b> MOVEMENT STRATEGY CENTER 436 14TH ST., #500 OAKLAND, CA 94612	20-1037643	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5)</b> MY BROTHER'S KEEPER, INC. 710 AVIGNON DRIVE RIDGELAND, MS 39157	64-0937314	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(6)</b> N STREET VILLAGE 1333 N STREET NW WASHINGTON, DC 20005-3601	52-2069681	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> NATIONAL BLACK GAY MEN'S ADVOCACY COALITION 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	58-1986941	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(9)</b> NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET, NW WASHINGTON, DC 20009	52-1578289	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
<b>(10)</b> NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> NEBRASKA AIDS PROJECT, INC. 250 S. 77TH STREET, STE. A OMAHA, NE 68114	47-0786622	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> NEO PHILANTHROPY / GETEQUAL EDUCATION FUND 1211 CONNECTICUT AVE WASHINGTON, DC 20036	13-3191113	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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<b>(1)</b> NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 50 EAST 7TH STREET NEW YORK, NY 10003	31-1689641	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(2)</b> NEW ORLEANS MUSICIANS CLINIC (NOMC) 1525 LOUISIANA AVE NEW ORLEANS, LA 70115	20-8139539	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(3)</b> NO/AIDS TASK FORCE 2601 TULANE AVENUE, SUITE 500	72-1059635	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(4)</b> NORTH CAROLINA HARM REDUCTION COALITION PO BOX 13761 DURHAM, NC 27709	20-3452075	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5)</b> NORTH IDAHO AIDS COALITION 2201 GOVERNMENT WAY, STE. L	82-0509161	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(6)</b> NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(7)</b> NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8)</b> NORTHWEST PA RURAL AIDS ALLIANCE 15898 ROUTE 322, SUITE 2 CLARION, PA 16214	23-2250505	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9)</b> OKALOOSA AIDS SUPP & INFORM SVCS. (OASIS) 745 NW BEAL PKWY., UNIT 10	59-3089946	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(10)</b> ONE HEARTLAND / CAMP HEARTLAND 2101 HENNEPIN AVE SOUTH	39-1763115	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> OPEN AID ALLIANCE 500 NORTH HIGGINS, SUITE 100	36-3652244	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE S.	41-1681317	501 ( C ) ( 3 )	35,000.				UNRESTRICTED

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<b>(1) OPEN DOOR</b> PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2) OPEN DOOR CLINIC</b> 164 DIVISION STREET, SUITE 607	36-2899274	501 ( C ) ( 3 )	8,500.				UNRESTRICTED
<b>(3) OTHER OPTIONS, INC.</b> 3636 NORTHWEST 51ST OKLAHOMA CITY, OK 73112	73-1341319	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(4) OUR HOUSE OF PORTLAND</b> 2727 SE ALDER ST. PORTLAND, OR 97214	93-0986632	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5) OUTRIGHT ACTION INTERNATIONAL</b> 80 MAIDEN LANE, STE. 1505	94-3139952	501 ( C ) ( 3 )	11,000.				UNRESTRICTED
<b>(6) PACIFIC PRIDE FOUNDATION</b> 126 EAST HALEY STREET, SUITE A-11	95-3133613	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7) PALMETTO AIDS LIFE SUPPORT SERVICES OF SC</b> P O BOX 4473 COLUMBIA, SC 00000	57-0841427	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8) PANHANDLE AIDS SUPPORT ORGANIZATION, INC.</b> 1523 SOUTH TAYLOR AMARILLO, TX 79101	75-2219593	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9) PARK HOUSE</b> 710 EAST 24TH STREET, STE. 303	36-3261413	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10) PARTNERSHIP FOR THE HOMELESS</b> 305 7TH AVENUE, 13TH FLOOR	13-3132746	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11) PATOKA VALLEY HIV COMMUNITY ACTION GROUP</b> PO BOX 411 JASPER, IN 47547	35-0895838	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12) PEOPLE'S HARM REDUCTION ALLIANCE</b> PO BOX 85038 SEATTLE, WA 98145	35-2307112	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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<b>(1)</b> PETER & PAUL COMMUNITY SERVICES, INC. 1025 PARK AVENUE, SUITE 1023	43-1349643	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> PETS ARE LOVING SUPPORT PO BOX 1539 GUERNEVILLE, CA 95446	68-0295834	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3)</b> PETS ARE WONDERFUL SUPPORT 3170 23RD STREET SAN FRANCISCO, CA 94110	94-3049133	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(4)</b> PHILADELPHIA CENTER - MERCY CENTER 740 AUSTIN PLACE SHREVEPORT, LA 71101	72-1204252	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(5)</b> PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH # 7F	95-4590018	501 ( C ) ( 3 )	75,000.				UNRESTRICTED
<b>(6)</b> PIERCE COUNTY AIDS FOUNDATION 3520 SOUTH PINE STREET TACOMA, WA 98409	91-1385245	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501 ( C ) ( 3 )	17,500.				UNRESTRICTED
<b>(8)</b> POPPER CHILDREN SCHOLARSHIP FUND 35 OXFORD ROAD MANALAPAN, NJ 07726	35-7077974	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> POSITIVE RESPONSE, INC. 411 NORTH PARK STREET CARROLLTON, GA 30117	58-2105141	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10)</b> PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE, LOWER LEVEL	23-2663699	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(11)</b> PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR	25-1852314	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(12)</b> PRIDE COMMUNITY CTR OF N. CENT FLORIDA PO BOX 5383 GAINESVILLE, FL 32627	59-3690357	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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<b>(1)</b> PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038-2702	95-4115863	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(2)</b> PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(3)</b> PROJECT CHICKEN SOUP 3975 LANDMARK ST., #300	95-4232540	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(4)</b> PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 ( C ) ( 3 )	30,000.				UNRESTRICTED
<b>(5)</b> PROJECT INFORM, INC. 273 NINTH STREET SAN FRANCISCO, CA 94103	94-3052723	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(6)</b> PROJECT OPEN HAND/ATLANTA 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501 ( C ) ( 3 )	34,650.				UNRESTRICTED
<b>(7)</b> PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FLOOR	13-2602882	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> PROJECT RESPONSE AIDS CENTER - NORTH 745 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	59-3036563	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(9)</b> PROJECT SAMARITAN/ BRIGHTPOINT HEALTH 71 W. 23RD ST., 8TH FLOOR	13-3464470	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(10)</b> PROJECT TRANSITIONS, INC. PO BOX 4826 AUSTIN, TX 78765	74-2502171	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> PROVINCETOWN AIDS SUPPORT GROUP P.O. BOX 1522 PROVINCETOWN, MA 02657	04-2908722	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> QUALITY SVCS FOR THE AUTISM COMMUNITY 253 W. 35TH STREET, 14TH FL	11-2482974	501 ( C ) ( 3 )	40,000.				UNRESTRICTED

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<b>(1)</b> RAINBOW HEIGHTS CLUB 25 FLATBUSH AVE., 3RD FLOOR	11-2785605	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(2)</b> RAUSCHENBUSCH METRO MINISTRIES 410 W. 40TH STREET NEW YORK, NY 10018	13-3859713	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(3)</b> REBECCA DAVIS DANCE COMPANY 3171 35TH ST., #3 R ASTORIA, NY 11106	20-2041093	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(4)</b> RECTOR CHURCH WARDENS & VESTRY MEMBERS 487 HUDSON ST NEW YORK, NY 10014	13-2861673	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(5)</b> REGIONAL AIDS INTERFAITH NETWORK OF OK 5001 N. PENNSYLVANIA, SUITE 100	73-1375796	501 ( C ) ( 3 )	47,500.				UNRESTRICTED
<b>(6)</b> RESEARCH FOUNDATION OF CUNY/CTR OF HIV 142 W. 6TH AVE., 9TH FLOOR	13-1988190	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> RESOURCE CENTER OF DALLAS, INC. 2701 REAGAN STREET DALLAS, TX 75219	75-1892059	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> RIVER FUND NEW YORK INC. 89-11 LEFFERTS BLVD.	11-3450363	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(9)</b> RIVER FUND, THE 11155 ROSELAND ROAD, UNIT 16	59-3212877	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(10)</b> ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO 100 DIAMOND STREET	94-1156774	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(11)</b> ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12)</b> SAFE HORIZON/STREETWORK 2 LAFAYETTE STREET, 3RD FLOOR	13-2946970	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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](http://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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
<b>(1) SERVICES AND ADVOCACY FOR GLBT ELDERS</b> 305 SEVENTH AVE., SUITE 15	13-2947657	501 ( C ) ( 3 )	45,500.				UNRESTRICTED
<b>(2) SAINT LOUIS EFFORT FOR AIDS</b> 1027 SOUTH VANDEVENTER, SUITE 700	43-1395179	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(3) SAN ANTONIO AIDS FOUNDATION</b> 818 EAST GRAYSON STREET	74-2427853	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(4) SAN FRANCISCO AIDS FOUNDATION</b> 1035 MARKET STREET, SUITE 400	94-2927405	501 ( C ) ( 3 )	35,000.				UNRESTRICTED
<b>(5) SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK</b> PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
<b>(6) SELMA AIR</b> PO BOX 396 SELMA, AL 36701	63-1133272	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(7) SHANTI</b> 730 POLK STREET, 3RD FLOOR	94-2297147	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8) SHASTA - TRINITY - TEHAMA HIV FOOD BANK</b> PO BOX 493283 REDDING, CA 96049	94-1026064	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9) SHELTER RESOURCES/BELLE REVE NEW ORLEANS</b> 3029 ROYAL STREET NEW ORLEANS, LA 70117	58-2022068	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(10) SHEPHERD WELLNESS COMMUNITY</b> 4800 SCIOTA STREET	25-1781394	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(11) SING FOR YOUR SENIORS INC</b> 1834 2ND AVENUE NEW YORK, NY 10128	20-8052382	501 ( C ) ( 3 )	9,000.				UNRESTRICTED
<b>(12) SOCIAL &amp; ENVIRONMENT ENTREPRENEURS (SEE)</b> 23532 CALABASAS RD., STE. A	95-4116679	501 ( C ) ( 3 )	20,000.				UNRESTRICTED

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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(1) SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER STREET	71-0705708	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(2) SOUTH CENTRAL EDUCATIONAL DEVELOPMENT PO BOX 4322 BLUEFIELD, WV 24701	55-0756137	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(3) SOUTH JERSEY AIDS ALLIANCE 19 GORDONS ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
(4) SOUTH MISSISSIPPI AIDS TASK FORCE 2756 FERNWOOD ROAD BILOXI, MS 39531	64-0789159	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(5) SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE	86-0864100	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(6) SOUTHERN NEW HAMPSHIRE HIV/AIDS TASK FORCE 12 AMHERST STREET NASHUA, NH 03064	02-0447280	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(7) SOUTHWEST CENTER FOR HIV/ AIDS 1101 N. CENTRAL AVE., SUITE 200	86-0695862	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(8) SOUTHWEST LOUISIANA AIDS COUNCIL 1715 COMMON STREET LAKE CHARLES, LA 70601	72-1115522	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(9) SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501 ( C ) ( 3 )	25,000.				UNRESTRICTED
(10) SPECIAL HEALTH RESOURCES FOR TEXAS 2020 BILL OWENS PARKWAY, SUITE 230	75-2405203	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(11) SPOKANE AIDS NETWORK 905 SOUTH MONROE SPOKANE, WA 99204	91-1380583	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
(12) ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036	00-0000000	501 ( C ) ( 3 )	10,000.				UNRESTRICTED

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<b>(1) STREET WORKS</b> 520 SYLVAN STREET NASHVILLE, TN 37206	62-1806967	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2) STREETWISE AND SAFE</b> 147 W. 24TH ST., 4TH FL NEW YORK, NY 10011	45-2866644	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3) SUNBURST PROJECTS</b> 1025 19TH STREET, SUITE 1A	68-0239282	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4) SUNRISE HIV/AIDS COALITION</b> 3846 E. AVE, T-2 PALMDALE, CA 93550-9235	95-4553092	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5) THE ACTORS' FUND OF AMERICA</b> 729 SEVENTH AVENUE 10TH FLOOR	13-1635251	501 ( C ) ( 3 )	5,602,550.				UNRESTRICTED
<b>(6) THE AIDS TASK FORCE OF THE UPPER OH VALLEY</b> P.O. BOX 6360 WHEELING, WV 26003-0805	55-0679690	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7) THE ALLIANCE FOR POSITIVE HEALTH</b> 927 BROADWAY ALBANY, NY 12207	22-2684595	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8) THE ALPHA WORKSHOPS</b> 245 WEST 29TH STREET NEW YORK, NY 10001	13-3839867	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(9) SOCIAL &amp; ENVIRONMENT ENTREPRENEURS SEE INC</b> 374 S. 5TH ST., APT. 33 BROOKLYN, NY 11211	95-4116679	501 ( C ) ( 3 )	6,000.				UNRESTRICTED
<b>(10) THE ONEORLANDO FUND</b> PO BOX 4990 ORLANDO, FL 32802	27-1964941	501 ( C ) ( 3 )	50,000.				UNRESTRICTED
<b>(11) THE PROJECT OF THE QUAD CITIES</b> 2316 FIFTH AVENUE MOLINE, IL 61265	42-1358032	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(12) THE PULMONARY FIBROSIS FOUNDATION</b> 811 WEST EVERGREEN AVE SUITE 204	84-1558631	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> THE SERO PROJECT PO BOX 1233 MILFORD, PA 18337	39-1902814	501 ( C ) ( 3 )	50,000.				UNRESTRICTED
<b>(2)</b> THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE., NE	52-1929922	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(3)</b> TIDES CENTER 870 MARKET ST., STE. 965	94-3213100	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(4)</b> TOPEKA AIDS PROJECT 1001 SW GARFIELD TOPEKA, KS 66604	48-1032982	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(5)</b> TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(6)</b> TREATMENT ACTION GROUP (TAG) 261 FIFTH AVENUE, STE. 2110	13-3624785	501 ( C ) ( 3 )	29,000.				UNRESTRICTED
<b>(7)</b> TRI-STATE ALLIANCE, INC. PO BOX 2901 EVANSVILLE, IN 47728	35-1636272	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(8)</b> TROY AREA UNITED MINISTRIES, INC. 392 SECOND STREET TROY, NY 12180	14-1635408	501 ( C ) ( 3 )	12,500.				UNRESTRICTED
<b>(9)</b> TRUE COLORS FUND 330 WEST 38TH STREET, SUITE 405	45-2489069	501 ( C ) ( 3 )	41,000.				UNRESTRICTED
<b>(10)</b> TRUTH WINS OUT PO BOX 96 BURLINGTON, VT 05402	20-5125079	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(11)</b> TULSA C.A.R.E.S. 3507 EAST ADMIRAL PLACE TULSA, OK 74115	73-1388569	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> TWIN STATES NETWORK 79 ASHWORTH RD. GUILDFORD, VT 05301	04-3373364	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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<b>(1)</b> UNIFIED - HIV HEALTH AND BEYOND 3075 CLARK RD., STE. 203	38-2669890	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(2)</b> UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(3)</b> URBAN SURVIVOR'S UNION (NC CHAPTER) 2300 W. MEADOWVIEW RD., STE. 209	46-3129789	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(4)</b> US HELPING US 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	52-1628279	501 ( C ) ( 3 )	30,000.				UNRESTRICTED
<b>(5)</b> UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST	87-0455172	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(6)</b> VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE.	23-7050082	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(7)</b> VERMONT COMMITTEE FOR AIDS RESOURCES ED PO BOX 5248 BURLINGTON, VT 05402	03-0307864	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(8)</b> VICTORY PROGRAMS, INC. 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501 ( C ) ( 3 )	7,500.				UNRESTRICTED
<b>(9)</b> VIRGINIA MASON MEDICAL CNTR 2720 E. MADISON ST. SEATTLE, WA 98112	91-1351110	501 ( C ) ( 3 )	15,000.				UNRESTRICTED
<b>(10)</b> VISUAL AIDS FOR THE ARTS, INC. 526 WEST 26TH STREET, #510	13-3621169	501 ( C ) ( 3 )	8,000.				UNRESTRICTED
<b>(11)</b> VITAL BRIDGES 5543 N. BROADWAY AVE. CHICAGO, IL 60640	36-3621161	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
<b>(12)</b> WARD'S OF SERENITY PO BOX 2903 LITTLE ROCK, AR 72203	33-1007768	501 ( C ) ( 3 )	7,500.				UNRESTRICTED

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(1) WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH STREET TUSCALOOSA, AL 35401	63-0995963	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(2) WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN STREET	23-2522649	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
(3) WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 ( C ) ( 3 )	20,000.				UNRESTRICTED
(4) WOMEN'S PRISON ASSOCIATION AND HOME, INC. 110 SECOND AVE NEW YORK, NY 10003	13-5596836	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(5) YOU GOTTA BELIEVE 3114 MERMAID AVE BROOKLYN, NY 11224	11-3272603	501 ( C ) ( 3 )	10,000.				UNRESTRICTED
(6) WEPAY 350 CONVENTION WAY REDWOOD CITY, CA 94063	00-0000000		21,050.				UNRESTRICTED
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 364.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

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Schedule I (Form 990) (2015)



**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" on Form 990, Part IV, line 23.  
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**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes 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 type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TOM VIOLA EXECUTIVE DIRECTOR	(i)	201,309.	0.	0.	0.	9,613.	210,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LAWRENCE COOK DIRECTOR OF FINANCE & ADMIN	(i)	172,240.	0.	0.	0.	9,613.	181,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DANIEL WHITMAN DIRECTOR OF DEVELOPMENT	(i)	145,952.	0.	0.	0.	24,391.	170,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

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**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**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](http://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	13 .	69,577 .	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	268 .	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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		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	
32a 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) (2015)

JSA

5E1298 1.000

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**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.

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**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

**2015**

**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.

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

CONFLICT OF INTEREST POLICY:

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

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

DETERMINATION OF COMPENSATION:

THE EXECUTIVE DIRECTOR SETS COMPENSATION FOR ALL EMPLOYEES EXCEPT FOR  
HIMSELF AND THE DIRECTOR OF FINANCE AND ADMINISTRATION. COMPENSATION IS  
BASED ON COMPARABLE DATA OBTAINED FROM PEER ORGANIZATIONS. THE EXECUTIVE  
DIRECTOR AND DIRECTOR OF FINANCE AND ADMINISTRATION'S COMPENSATION IS

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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DETERMINED BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE.

PART VI, SECTION C, LINE 19:

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS:

BCEFA MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE DISTRIBUTED INTERNALLY AND ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 8:

RESTATEMENT OF NET ASSETS:

EFFECTIVE SEPTEMBER 30, 2015, THE ORGANIZATION RESTATED ITS NET ASSETS TO CORRECT AN AMOUNT ERRONEOUSLY INCLUDED IN DEFERRED REVENUE. AS A RESULT, CONTRIBUTIONS AND THE CHANGE IN NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2015 WERE UNDERSTATED BY \$321,171.

FORM 990, PART XI, LINE 9:

PENSION-RELATED CHANGES OTHER THAN PERIODIC COSTS: (\$425,827)

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
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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