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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 20 18

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

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

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 165 WEST 46TH STREET

Room/suite: 1300

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10036

D Employer identification number: 13-3458820

E Telephone number: (212) 840-0770

G Gross receipts $ 25,455,002.

F Name and address of principal officer: TOM VIOLA
165 WEST 46TH STREET NEW YORK, NY 10036

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BCEFA.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE ENTERTAINMENT INDUSTRY TO RAISE FUNDS FOR GRANTS FOR AIDS SERVICE ORGANIZATIONS AND OTHER HEALTH ISSUES, DISASTER RELIEF, ETC. AS DIRECTED BY THE BOARD.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	52.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	52.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	91.
6	Total number of volunteers (estimate if necessary)	6	200.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	168,928.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,613,466.	24,247,343.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,098.	34,140.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	168,244.	186,988.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,791,808.	24,468,471.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,373,709.	13,685,258.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,445,345.	5,310,420.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	27,950.	1,500.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,604,647.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,757,199.	4,100,212.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,604,203.	23,097,390.
19	Revenue less expenses. Subtract line 18 from line 12	187,605.	1,371,081.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,439,363.	4,362,487.
21	Total liabilities (Part X, line 26)	2,868,059.	1,129,852.
22	Net assets or fund balances. Subtract line 21 from line 20	1,571,304.	3,232,635.

Part II Signature Block

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

Sign Here

Signature of officer: Tom Viola Date: 7/16/2019

Type or print name and title: Tom Viola, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: CANDICE METH

Preparer's signature: Candice Meth Date: 7/16/19

Check ☐ if self-employed PTIN: P01306891

Firm's name ▶ EISNERAMPER LLP Firm's EIN ▶ 13-1639826

Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 10017-2703 Phone no. 212-949-8700

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** (2017)

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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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 13,685,258. including grants of $ 13,685,258.) (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 $ 5,044,939. 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 ▶ 18,730,197.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. .	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 52		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 52		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
LARRY COOK DIRECTOR OF 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) ROBERT WANKEL	2.00									
PRESIDENT	0.	X		X				0.	0.	0.
(2) PAUL LIBIN	2.00									
PRESIDENT EMERITUS	0.	X		X				0.	0.	0.
(3) THOMAS SCHUMACHER	2.00									
EXECUTIVE VICE PRESIDENT	0.	X		X				0.	0.	0.
(4) IRA MONT	2.00									
FIRST VICE PRESIDENT	0.	X		X				0.	0.	0.
(5) MARY MCCOLL	2.00									
SECOND VICE PRESIDENT	0.	X		X				0.	0.	0.
(6) SHERRY COHEN	2.00									
THIRD VICE PRESIDENT	0.	X		X				0.	0.	0.
(7) JUDITH RICE	2.00									
SECRETARY	0.	X		X				0.	0.	0.
(8) PHILIP BIRSH	2.00									
TREASURER	0.	X						0.	0.	0.
(9) CORNELIUS BAKER	2.00									
TRUSTEE	0.	X						0.	0.	0.
(10) JOE BAKER	2.00									
TRUSTEE	0.	X						0.	0.	0.
(11) JOHN BARNES	2.00									
TRUSTEE	0.	X						0.	0.	0.
(12) SCOTT BARNES	2.00									
TRUSTEE	0.	X						0.	0.	0.
(13) JOSEPH BENINCASA	2.00									
TRUSTEE	0.	X						0.	0.	0.
(14) DAVID BINDER	2.00									
TRUSTEE	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) PHILIP BIRSH	2.00									
TRUSTEE	0.	X						0.	0.	0.
(16) CHRIS BONEAU	2.00									
TRUSTEE	0.	X						0.	0.	0.
(17) BARRY BROWN	2.00									
TRUSTEE	0.	X						0.	0.	0.
(18) KATE BURTON	2.00									
TRUSTEE	0.	X						0.	0.	0.
(19) BOB CALLELY	2.00									
TRUSTEE	0.	X						0.	0.	0.
(20) KATHLEEN CHALFANT	2.00									
TRUSTEE	0.	X						0.	0.	0.
(21) GAVIN CREEL	2.00									
TRUSTEE	0.	X						0.	0.	0.
(22) ALAN CUMMING	2.00									
TRUSTEE	0.	X						0.	0.	0.
(23) GAVIN DARRAUGH	2.00									
TRUSTEE	0.	X						0.	0.	0.
(24) MICHAEL DAVID	2.00									
TRUSTEE	0.	X						0.	0.	0.
(25) B. MERLE DEBUSKEY	2.00									
TRUSTEE (TO 9/27/2018)	0.	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								1,005,679.	0.	170,551.
d Total (add lines 1b and 1c) ▶								1,005,679.	0.	170,551.

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 ▶ 7

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

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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) PAUL LIBIN	2.00									
TRUSTEE	0.	X						0.	0.	0.
(38) JOE MACHOTA	2.00									
TRUSTEE	0.	X						0.	0.	0.
(39) NANCY MAHON	2.00									
TRUSTEE	0.	X						0.	0.	0.
(40) KEVIN MCCOLLUM	2.00									
TRUSTEE	0.	X						0.	0.	0.
(41) TERRENCE MCNALLY	2.00									
TRUSTEE	0.	X						0.	0.	0.
(42) JERRY MITCHELL	2.00									
TRUSTEE	0.	X						0.	0.	0.
(43) BERNADETTE PETERS	2.00									
TRUSTEE	0.	X						0.	0.	0.
(44) CHITA RIVERA	2.00									
TRUSTEE	0.	X						0.	0.	0.
(45) JORDAN ROTH	2.00									
TRUSTEE	0.	X						0.	0.	0.
(46) NICK SCANDALIOS	2.00									
TRUSTEE	0.	X						0.	0.	0.
(47) ROBERT SCORE	2.00									
TRUSTEE	0.	X						0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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) KATE SHINDLE	2.00									
TRUSTEE	0.	X						0.	0.	0.
(49) PHILIP SMITH	2.00									
TRUSTEE	0.	X						0.	0.	0.
(50) CHARLOTTE ST. MARTIN	2.00									
TRUSTEE	0.	X						0.	0.	0.
(51) DAVID STONE	2.00									
TRUSTEE	0.	X						0.	0.	0.
(52) TIM TOMPKINS	2.00									
TRUSTEE	0.	X						0.	0.	0.
(53) CHANNING WICKHAM	2.00									
TRUSTEE	0.	X						0.	0.	0.
(54) TOM VIOLA	40.00									
EXECUTIVE DIRECTOR	0.			X				204,812.	0.	11,018.
(55) LAWRENCE COOK	40.00									
DIRECTOR OF FINANCE & ADMIN	0.			X				175,795.	0.	30,418.
(56) DANIEL WHITMAN	40.00									
DIRECTOR OF DEVELOPMENT	0.					X		150,441.	0.	46,293.
(57) MICHAEL MCLEAN	40.00									
CONTROLLER	0.					X		129,559.	0.	32,766.
(58) VALARIE LAU-KEE LAI	40.00									
PRODUCING DIRECTOR	0.					X		129,317.	0.	27,086.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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			
(59) LANE BEAUCHAMP	40.00									
DIRECTOR OF COMMUNICATIONS	0.					X		113,928.	0.	20,628.
(60) NATHAN HURLIN	40.00									
PRODUCTION MANAGER	0.					X		101,827.	0.	2,342.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,594,074.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,653,269.			
	g	Noncash contributions included in lines 1a-1f: $ 250,632.					
	h	Total. Add lines 1a-1f ▶		24,247,343.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		36,961.			36,961.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	162,811.				
	b	Less: cost or other basis and sales expenses	165,632.				
	c	Gain or (loss)	-2,821.				
	d	Net gain or (loss) ▶		-2,821.			-2,821.
	8a	Gross income from fundraising events (not including $ 2,594,074. of contributions reported on line 1c). See Part IV, line 18	a 625,788.				
	b	Less: direct expenses	b 625,788.				
	c	Net income or (loss) from fundraising events ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶		0.			
	10a	Gross sales of inventory, less returns and allowances	a 382,099.				
	b	Less: cost of goods sold	b 195,111.				
	c	Net income or (loss) from sales of inventory ▶		186,988.	18,060.	168,928.	
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d ▶		0.			
	12	Total revenue. See instructions. ▶		24,468,471.	18,060.	168,928.	34,140.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,239,478.	13,239,478.		
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	445,780.	445,780.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	414,500.	324,500.	90,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,406,976.	2,068,098.	632,444.	706,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	415,182.	261,564.	83,037.	70,581.
9 Other employee benefits	773,507.	484,287.	146,230.	142,990.
10 Payroll taxes	300,255.	187,988.	56,763.	55,504.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	40,000.		40,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	1,500.			1,500.
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.)	206,466.	56,741.	41,472.	108,253.
12 Advertising and promotion	274,251.	148,867.	61,172.	64,212.
13 Office expenses	267,738.	88,593.	117,857.	61,288.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	818,049.	512,174.	154,651.	151,224.
17 Travel	130,513.	29,094.	30,220.	71,199.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	85,472.	37,673.	13,770.	34,029.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	36,708.		36,708.	
23 Insurance	43,649.	27,328.	8,252.	8,069.
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	31,918.		14,593.	17,325.
b DUES AND SUBSCRIPTIONS	16,089.	11,240.	3,253.	1,596.
c PURCHASE OF THEATER TICKETS	175,322.	2,714.	16,013.	156,595.
d PRODUCTION COSTS	1,035,656.	363,325.		672,331.
e All other expenses	938,381.	440,753.	216,111.	281,517.
25 Total functional expenses. Add lines 1 through 24e	23,097,390.	18,730,197.	1,762,546.	2,604,647.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	909,398.	1	733,078.
	2	Savings and temporary cash investments	2,809,438.	2	2,063,045.
	3	Pledges and grants receivable, net	89,355.	3	729,955.
	4	Accounts receivable, net	62,905.	4	86,621.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	201,267.	8	308,805.
	9	Prepaid expenses and deferred charges	197,091.	9	271,101.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 508,617.			
	b	Less: accumulated depreciation — 10b: 427,466.	77,654.	10c	81,151.
	11	Investments - publicly traded securities	3,524.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	88,731.	15	88,731.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,439,363.	16	4,362,487.
Liabilities	17	Accounts payable and accrued expenses	179,881.	17	194,016.
	18	Grants payable	600,000.	18	0.
	19	Deferred revenue	98,327.	19	171,054.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,989,851.	25	764,782.
	26	**Total liabilities.** Add lines 17 through 25	2,868,059.	26	1,129,852.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,233,118.	27	2,856,596.
	28	Temporarily restricted net assets	338,186.	28	376,039.
	29	Permanently restricted net assets	0.	29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,571,304.	33	3,232,635.
	34	Total liabilities and net assets/fund balances	4,439,363.	34	4,362,487.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,468,471.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,097,390.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,371,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,571,304.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	290,250.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,232,635.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,836,800.	21,064,222.	21,051,146.	22,613,466.	24,247,343.	106,812,977.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	17,836,800.	21,064,222.	21,051,146.	22,613,466.	24,247,343.	106,812,977.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,187,795.
6 **Public support.** Subtract line 5 from line 4						100,625,182.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	17,836,800.	21,064,222.	21,051,146.	22,613,466.	24,247,343.	106,812,977.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	136.	615.	1,053.	8,394.	36,961.	47,159.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	87.	18.	26.			131.
11 **Total support.** Add lines 7 through 10						106,860,267.
12 Gross receipts from related activities, etc. (see instructions)					12	4,718,932.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	94.17 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	94.26 %

16a **33 1/3 % support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013. . . .			
b	Excess from 2014. . . .			
c	Excess from 2015. . . .			
d	Excess from 2016. . . .			
e	Excess from 2017. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS INCOME	87.	18.	26.			131.
TOTALS	87.	18.	26.			131.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2017

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED EBB FOUNDATION 40 WEST 20TH STREET NEW YORK, NY 10011	$ 1,950,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number: 13-3458820

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶_____%
b Permanent endowment ▶_____%
c Temporarily restricted endowment ▶_____%

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		167,435.	156,326.	11,109.
d Equipment		151,564.	119,837.	31,727.
e Other		189,618.	151,303.	38,315.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				81,151.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	764,782.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	764,782.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	24,646,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	34,178.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	195,111.		
e	Add lines 2a through 2d			2e	229,289.
3	Subtract line 2e from line 1			3	24,417,466.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	51,005.		
c	Add lines 4a and 4b			4c	51,005.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	24,468,471.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	23,275,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	34,178.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	195,111.		
e	Add lines 2a through 2d			2e	229,289.
3	Subtract line 2e from line 1			3	23,046,385.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	51,005.		
c	Add lines 4a and 4b			4c	51,005.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	23,097,390.

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)*

FORM 990, SCHEDULE D, PART X, LINE 2

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

FORM 990, SCHEDULE D, PART XI, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND ~~IN THE TAX RETURN~~ AS A REDUCTION OF REVENUE = $195,111

FORM 990, SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 4B

FEES PAID TO ON-LINE AUCTION SITE OF $51,005 WERE NETTED AGAINST INCOME WITHIN THE FINANCIAL STATEMENTS, THEREFORE REVENUE IS GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

FORM 990, SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = $195,111

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number
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? . . . . . [X] 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		382,500.
(2) NORTH AMERICA	0.	0.	GRANTMAKING		53,500.
(3) EUROPE	0.	0.	GRANTMAKING		9,780.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					445,780.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					445,780.

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 noncash assistance	(h) Description of noncash 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	20,000.				
(4)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(5)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(6)			SUB-SAHARAN AFRICA	UNRESTRICTED	22,500.				
(7)			NORTH AMERICA	UNRESTRICTED	6,000.				
(8)			NORTH AMERICA	UNRESTRICTED	15,000.				
(9)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(10)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(11)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(12)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(13)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(14)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(15)			SUB-SAHARAN AFRICA	UNRESTRICTED	47,500.				
(16)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				

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 . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	UNRESTRICTED	17,500.				
(2)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(3)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(4)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(5)			SUB-SAHARAN AFRICA	UNRESTRICTED	25,000.				
(6)			SUB-SAHARAN AFRICA	UNRESTRICTED	12,500.				
(7)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 23.

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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

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

FORM 990, SCHEDULE F, PART I, LINE 2

PROCEDURES FOR FOREIGN GRANT-MAKING:

BCEFA ASKS POTENTIAL GRANTEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY WOULD QUALIFY AS THE EQUIVALENT OF A U.S. CHARITY. GRANTEES MUST SUBMIT FOLLOW-UP REPORTS TO BCEFA SHOWING HOW THE GRANT HAS BEEN UTILIZED.

FORM 990, SCHEDULE F, PART III, LINE 3(F)

AMOUNTS REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

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, line 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.

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

OMB No. 1545-0047

2017

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 10 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? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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.

AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,
KS,KY,ME,MD,MA,MI,MN,MS,MO,MT,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,

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

		(a) Event #1 BWAY BARES (event type)	(b) Event #2 FIRE ISLAND (event type)	(c) Other events 7. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	894,542.	595,337.	1,729,983.	3,219,862.
	2 Less: Contributions	509,806.	557,248.	1,527,020.	2,594,074.
	3 Gross income (line 1 minus line 2)	384,736.	38,089.	202,963.	625,788.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	339,344.	15,000.	130,456.	484,800.
	7 Food and beverages				
	8 Entertainment			25,663.	25,663.
	9 Other direct expenses	16,572.	20,880.	77,873.	115,325.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				625,788.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ 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).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) 1IN6 16 N MARENGO AVE PASADENA, CA 91101	13-4353019	501 (C) (3)	11,000.				UNRESTRICTED
(2) A BETTER PL. 232 EAST 84TH ST. NEW YORK, NY 10028	13-3645176	501 (C) (3)	15,000.				UNRESTRICTED
(3) A COMMUNITY RESOURCE NETWORK INC. 2 BLACKSMITH ST. LEBANON, NH 03766-0000	22-3104237	501 (C) (3)	7,500.				UNRESTRICTED
(4) A IS FOR 411 LAFAYETTE ST. NEW YORK, NY 10003	46-2929713	501 (C) (3)	5,500.				UNRESTRICTED
(5) AC CENTER/ TRILIUM HEALTH 259 MONROE AVE. ROCHESTER, NY 14607	16-1356734	501 (C) (3)	7,500.				UNRESTRICTED
(6) ACCESS AIDS CARE / CANDII 222 WEST 21ST ST. NORFOLK, VA 23517	54-1545157	501 (C) (3)	7,500.				UNRESTRICTED
(7) ACCESS NETWORK, INC. 5710 NORTH OKATIE HWY RIDGELAND, SC 29936	57-0958723	501 (C) (3)	10,000.				UNRESTRICTED
(8) ACTION AIDS OF PHILA 1216 ARCH ST. PHILADELPHIA, PA 19107	23-2446355	501 (C) (3)	10,000.				UNRESTRICTED
(9) ACTORS' EQUITY FOUNDATION 165 W. 46TH ST. NEW YORK, NY 10036	13-2513378	501 (C) (3)	21,000.				UNRESTRICTED
(10) ADVOCATES FOR YOUTH 2000 M ST. WASHINGTON, DC 20036	52-1173590	501 (C) (3)	10,000.				UNRESTRICTED
(11) AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH ST. NEW YORK, NY 10027	13-3749744	501 (C) (3)	7,500.				UNRESTRICTED
(12) AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 (C) (3)	15,000.				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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
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OMB No. 1545-0047

2017

Open to Public Inspection

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) AGMA EMERGENCY RELIEF FUND 1430 BROADWAY NEW YORK, NY 10018	13-6155701	501 (C) (3)	15,000.				UNRESTRICTED
(2) AID ATLANTA INC. 1605 PEACHTREE ST. ATLANTA, GA 30309	58-1537967	501 (C) (3)	7,500.				UNRESTRICTED
(3) AID UPSTATE 811 PENDLETON ST. GREENVILLE, SC 29601	57-0848637	501 (C) (3)	10,000.				UNRESTRICTED
(4) AIDS ACTION BALTIMORE, INC. 10 EAST EAGER ST. BALTIMORE, MD 21202	52-1512614	501 (C) (3)	10,000.				UNRESTRICTED
(5) AIDS ACTION COMMITTEE OF MASSACHUSETTS 75 AMORY ST. BOSTON, MA 02119-0000	22-2707246	501 (C) (3)	25,000.				UNRESTRICTED
(6) AIDS ALABAMA 4321 DOWNTOWNER LOOP MOBILE, AL 36609	58-1989250	501 (C) (3)	20,000.				UNRESTRICTED
(7) AIDS ASSISTANCE PROGRAM 1276 PALM CANYON DR. PALM SPRINGS, CA 92262	33-0566442	501 (C) (3)	15,000.				UNRESTRICTED
(8) AIDS CARE OCEAN STATE 18 PARKIS AVE. PROVIDENCE, RI 02907-0000	22-2929749	501 (C) (3)	10,000.				UNRESTRICTED
(9) AIDS CIRCLE OF HOPE OF NORTH CENTRAL TEXAS PO BOX 1963 WICHITA FALLS, TX 76307-1963	75-2576568	501 (C) (3)	12,500.				UNRESTRICTED
(10) AIDS COMMUNITY RESEARCH CONSORTIUM 2684 MIDDLEFIELD RD. REDWOOD CITY, CA 94063	94-3100725	501 (C) (3)	12,500.				UNRESTRICTED
(11) AIDS COMMUNITY RESOURCES, INC. 627 WEST GENESEE ST. SYRACUSE, NY 13204	16-1359060	501 (C) (3)	9,529.				UNRESTRICTED
(12) AIDS CONNECTICUT BARTHOLOMEW AVE HARTFORD, CT 06106-0000	22-3014883	501 (C) (3)	12,500.				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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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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

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) AIDS DELAWARE 100 W. 10TH ST. WILMINGTON, DE 19801	22-2805481	501 (C) (3)	7,500.				UNRESTRICTED
(2) AIDS FOUNDATION HOUSTON, INC. 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501 (C) (3)	20,000.				UNRESTRICTED
(3) AIDS FOUNDATION OF CHICAGO 200 WEST JACKSON BLVD. CHICAGO, IL 60606	36-3412054	501 (C) (3)	35,000.				UNRESTRICTED
(4) AIDS INSTITUTE 17 DAVIS BLVD. TAMPA, FL 33606	65-0380952	501 (C) (3)	25,000.				UNRESTRICTED
(5) AIDS INTERFAITH RESIDENTIAL SERVICES, INC. 1800 NORTH CHARLES ST. BALTIMORE, MD 21201	52-1576701	501 (C) (3)	7,500.				UNRESTRICTED
(6) AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT ST. PHILADELPHIA, PA 19107	23-2576149	501 (C) (3)	7,500.				UNRESTRICTED
(7) AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE 1120 FAIRGROVE CHURCH RD. HICKORY, NC 28602	58-1842529	501 (C) (3)	7,500.				UNRESTRICTED
(8) AIDS MINISTRIES/AIDS ASSIST OF NORTH INDIAN 201 S. WILLIAM ST. SOUTH BEND, IN 46601	35-1902136	501 (C) (3)	7,500.				UNRESTRICTED
(9) AIDS OUTREACH CENTER 400 NORTH BEACH ST. FORT WORTH, TX 76111	75-2139336	501 (C) (3)	12,500.				UNRESTRICTED
(10) AIDS PARTNERSHIP MICHIGAN 311 W. GRAND BLVD. DETROIT, MI 48202	38-2464851	501 (C) (3)	7,500.				UNRESTRICTED
(11) AIDS PROJECT LOS ANGELES 611 KINGSLEY DR. LOS ANGELES, CA 90005	95-3842506	501 (C) (3)	10,000.				UNRESTRICTED
(12) AIDS PROJECT NEW HAVEN 1302 CHAPEL ST. NEW HAVEN, CT 06511-0000	22-2506184	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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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Name of the organization
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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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE ST. BRATTLEBORO, VT 05302-0000	22-2950456	501 (C) (3)	7,500.				UNRESTRICTED
(2) AIDS PROJECT RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0417440	501 (C) (3)	10,000.				UNRESTRICTED
(3) AIDS RESOURCE CENTER OF WISCONSIN, INC. 820 N. PLANKINTON AVE. MILWAUKEE, WI 53203	39-1534049	501 (C) (3)	7,500.				UNRESTRICTED
(4) AIDS RESOURCE COUNCIL, INC. 315 WEST 10TH ST. ROME, GA 30165	58-2272225	501 (C) (3)	7,500.				UNRESTRICTED
(5) AIDS RESPONSE SEACOAST 1 JUNKINS AVE. PORTSMOUTH, NH 03801-0000	22-2884488	501 (C) (3)	7,500.				UNRESTRICTED
(6) AIDS SERVICE ASSOCIATION OF PINELLAS, INC. 3050 1ST AVE. ST. PETERSBURG, FL 33712-1010	59-2862537	501 (C) (3)	7,500.				UNRESTRICTED
(7) AIDS SERVICE CENTER OF LOWER MANHATTAN 64 W. 35TH ST. NEW YORK, NY 10001	13-3562071	501 (C) (3)	7,500.				UNRESTRICTED
(8) AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501 (C) (3)	10,000.				UNRESTRICTED
(9) AIDS SERVICES FOUNDATION ORANGE COUNTY 17982 SKY PARK CIRCLE IRVINE, CA 92614-6408	33-0126481	501 (C) (3)	20,000.				UNRESTRICTED
(10) AIDS SERVICES OF AUSTIN INC. 7215 CAMERON RD. AUSTIN, TX 78762	74-2440845	501 (C) (3)	10,000.				UNRESTRICTED
(11) AIDS SERVICES OF DALLAS PO BOX 4338 DALLAS, TX 75208	75-2144518	501 (C) (3)	7,500.				UNRESTRICTED
(12) AIDS UNITED 1424 K ST. WASHINGTON, DC 20005	52-1706646	501 (C) (3)	35,000.				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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

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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 noncash assistance	(h) Purpose of grant or assistance
(1) ALASKAN AIDS ASSISTANCE ASSOCIATION 1057 WEST FIREWEED LANE ANCHORAGE, AK 99503	92-0113788	501 (C) (3)	7,500.				UNRESTRICTED
(2) ALBANY DAMIEN CENTER 646 STATE ST. ALBANY, NY 12203	22-3108995	501 (C) (3)	15,000.				UNRESTRICTED
(3) ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, I PO BOX 25445 ALBUQUERQUE, NM 87125-0445	85-0368993	501 (C) (3)	7,500.				UNRESTRICTED
(4) ALI FORNEY CENTER 527 W. 22ND ST. NEW YORK, NY 10011	30-0104507	501 (C) (3)	17,500.				UNRESTRICTED
(5) ALIVENESS PROJECT 730 EAST 38TH ST. MINNEAPOLIS, MN 55407	41-1593900	501 (C) (3)	10,000.				UNRESTRICTED
(6) ALLIES FOR HEALTH & WELLBEING 59113 PENN AVE. PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	20,000.				UNRESTRICTED
(7) ALVIN AILEY DANCE FDTN, INC. 405 W. 55TH ST. NEW YORK, NY 10019	13-2584273	501 (C) (3)	6,874.				UNRESTRICTED
(8) AMFAR, THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST. NEW YORK, NY 10005	13-3163817	501 (C) (3)	50,000.				UNRESTRICTED
(9) AMPLEHARVEST.ORG 23 CLOVER RD. NEWFOUNDLAND, NJ 07435-0000	27-2433274	501 (C) (3)	15,000.				UNRESTRICTED
(10) APEX COMMUNITY CARE 30 WEST ST. DANBURY, CT 06810-0000	22-2951387	501 (C) (3)	7,500.				UNRESTRICTED
(11) ARTISTS STRIVING TO END POVERTY, INC. 165 W. 46TH ST. NEW YORK, NY 10036	20-4532991	501 (C) (3)	120,620.				UNRESTRICTED
(12) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVE. SAN JOSE, CA 95128	94-2292491	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 . . . . . ▶

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

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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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) ASIAN PACIFIC AIDS INTERVENTION TEAM 1730 W. OLYMPIC BLVD. LOS ANGELES, CA 90015	95-1716914	501 (C) (3)	7,500.				UNRESTRICTED
(2) ASPIRE INDIANA HEALTH 9615 E. 148TH ST. NOBLESVILLE, IN 46060	47-4391083	501 (C) (3)	7,500.				UNRESTRICTED
(3) ATLANTA HARM REDUCTION COALITION, INC. PO BOX 92670 ATLANTA, GA 30318	58-2227958	501 (C) (3)	15,000.				UNRESTRICTED
(4) AUTISM DIRECTORY SERVICES P.O. BOX 73 WAPPINGERS FALLS, NY 12590	22-3191487	501 (C) (3)	15,000.				UNRESTRICTED
(5) BAILEY HOUSE, INC. 1751 PARK AVE. NEW YORK, NY 10035	13-3165181	501 (C) (3)	15,000.				UNRESTRICTED
(6) BEHIND THE SCENES FOUNDATION 630 9TH AVE. NEW YORK, NY 10036	38-3715781	501 (C) (3)	25,000.				UNRESTRICTED
(7) BEING ALIVE SAN DIEGO 3940 FOURTH AVE. SAN DIEGO, CA 92103	33-0439092	501 (C) (3)	10,000.				UNRESTRICTED
(8) BIENSTAR HUMAN SERVICES 5326 BEVERLY BLVD. LOS ANGELES, CA 90022	65-4505737	501 (C) (3)	10,000.				UNRESTRICTED
(9) BIG BEND CARES 2201 SOUTH MONROE ST. TALLAHASSEE, FL 32301	59-2816580	501 (C) (3)	7,500.				UNRESTRICTED
(10) BIG BROTHERS BIG SISTERS OF SOUTH CENTRAL 1 CLAY SQ. CHARLESTON, WV 25301	55-0742123	501 (C) (3)	17,500.				UNRESTRICTED
(11) BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 WAR, WV 24892	55-0710393	501 (C) (3)	7,500.				UNRESTRICTED
(12) BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00940-0000	66-0493399	501 (C) (3)	30,000.				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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
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OMB No. 1545-0047

2017

Open to Public Inspection

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Employer identification number
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(1) BIRMINGHAM AIDS OUTREACH 205 32ND ST. BIRMINGHAM, AL 35233	63-0948495	501 (C) (3)	15,000.				UNRESTRICTED
(2) BLACK AIDS INSTITUTE 1833 W. EIGHTH ST. LOS ANGELES, CA 90057	95-4742741	501 (C) (3)	35,000.				UNRESTRICTED
(3) BLOOMINGTON HOSPITAL POSITIVE LINK 333 E MILLER DR. BLOOMINGTON, IN 47401	35-1720796	501 (C) (3)	7,500.				UNRESTRICTED
(4) BORDERBELT AIDS RESOURCES TEAM, INC. PO BOX 945 LUMBERTON, NC 28358	56-1992644	501 (C) (3)	7,500.				UNRESTRICTED
(5) BOULDER COUNTY AIDS PROJECT 2118 FOURTEENTH ST. BOULDER, CO 80302	74-2442032	501 (C) (3)	7,500.				UNRESTRICTED
(6) BRD.WAY DANCE LAB 433 W. 34TH ST. NEW YORK, NY 10001	46-2689988	501 (C) (3)	11,600.				UNRESTRICTED
(7) BRENTWOOD COMMUNITY FOUNDATION 13033 LANDMARK ST. HOUSTON, TX 77045	76-0454398	501 (C) (3)	27,500.				UNRESTRICTED
(8) BRONX AIDS SVCS., INC. 540 E. FORDHAM RD. BRONX, NY 10458	13-3599121	501 (C) (3)	25,000.				UNRESTRICTED
(9) BYWATER CHURCH OF CHRIST/CHRISTIAN OUTREACH PO BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501 (C) (3)	22,500.				UNRESTRICTED
(10) CABD, INC. P.O. BOX 340600 JAMAICA, NY 11434	81-4331402	501 (C) (3)	8,900.				UNRESTRICTED
(11) CALCUTTA HOUSE 1601 W. GIRARD AVE. PHILADELPHIA, PA 19130	23-2532463	501 (C) (3)	10,000.				UNRESTRICTED
(12) CALLEN-LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH ST. NEW YORK, NY 10011	13-3409680	501 (C) (3)	48,500.				UNRESTRICTED

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(1) CARACOLE, INC. 1821 SUMMIT RD. CINCINNATI, OH 45237	31-1210524	501 (C) (3)	12,500.				UNRESTRICTED
(2) CARE RESOURCE/COMMUNITY AIDS RESOURCE INC. 3510 BISCAYNE BLVD. MIAMI, FL 33137	59-2564198	501 (C) (3)	7,500.				UNRESTRICTED
(3) CARINGKIND 360 LEXINGTON AVE. NEW YORK, NY 10017	13-3277408	501 (C) (3)	25,000.				UNRESTRICTED
(4) CARITAS HOUSE, INC. 391 SCOTT AVE. MORGANTOWN, WV 26508	55-0743418	501 (C) (3)	12,500.				UNRESTRICTED
(5) CASA DE ESPERANZA DE LOS NINOS, INC. PO BOX 66581 HOUSTON, TX 77266-6581	76-0106306	501 (C) (3)	10,000.				UNRESTRICTED
(6) CASCADE AIDS PROJECT, INC. 208 SW FIFTH AVE. PORTLAND, OR 97204	93-0903383	501 (C) (3)	8,528.				UNRESTRICTED
(7) CEDAR VALLEY HOSPICE 2101 KIMBALL AVE. WATERLOO, IA 50704	42-1135294	501 (C) (3)	7,500.				UNRESTRICTED
(8) CENTER FOR HEALTH JUSTICE 900 AVILA ST.. LOS ANGELES, CA 90012	42-1605887	501 (C) (3)	10,000.				UNRESTRICTED
(9) CENTER FOR HIV LAW AND POLICY 250 WEST 26TH ST NEW YORK, NY 10006	02-0590588	501 (C) (3)	25,000.				UNRESTRICTED
(10) CENTER FOR HIV/AIDS 142 W. 36TH ST. NEW YORK, NY 10018	22-2830882	501 (C) (3)	7,500.				UNRESTRICTED
(11) CENTER IN ASBURY PARK, INC. 806 THIRD AVE. ASBURY PARK, NJ 07712-0000	23-3253558	501 (C) (3)	15,000.				UNRESTRICTED
(12) CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, I 1902 WEST COLONIAL DR. ORLANDO, FL 32804	59-3338309	501 (C) (3)	15,000.				UNRESTRICTED

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

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(1) CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH ST. ALEXANDRIA, LA 71301	72-1097079	501 (C) (3)	7,500.				UNRESTRICTED
(2) CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. 18200 PAULSON DR. PORT CHARLOTTE, FL 33954	65-0498294	501 (C) (3)	10,000.				UNRESTRICTED
(3) CHASE BREXTON HEALTH SERVICES 1001 CATHEDRAL ST. BALTIMORE, MD 21201	52-1638592	501 (C) (3)	20,000.				UNRESTRICTED
(4) CHELSEA RECOVERY CLUBHOUSE P.O. BOX 169 NEW YORK, NY 10113	20-5478541	501 (C) (3)	10,000.				UNRESTRICTED
(5) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBOURN CHICAGO, IL 60614	36-3376432	501 (C) (3)	106,500.				UNRESTRICTED
(6) CHIEF KINA HEALTH CLINIC 129 DAYCARE RD. LIVINGSTON, TX 77351	74-1381437	501 (C) (3)	15,000.				UNRESTRICTED
(7) CHILDREN OF PARENTS WITH AIDS, INC. COLLEGE STATION NEW YORK, NY 10030-0602	13-3893391	501 (C) (3)	7,500.				UNRESTRICTED
(8) CHILDREN'S PL. ASSOCIATION 1436 W. RANDOPLH CHICAGO, IL 60607	36-3641017	501 (C) (3)	7,500.				UNRESTRICTED
(9) CHRISTIE'S PL. 2440 THIRD AVE. SAN DIEGO, CA 92101	91-1878632	501 (C) (3)	7,500.				UNRESTRICTED
(10) CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 PAHOKEE, FL 33476	65-1079385	501 (C) (3)	22,500.				UNRESTRICTED
(11) CHURCH OF THE HOLY APOSTLES 296 NINTH AVE. NEW YORK, NY 10001	13-2892297	501 (C) (3)	33,500.				UNRESTRICTED
(12) CITY PARKS FOUNDATION 830 FIFTH AVE NEW YORK, NY 10021	13-3561657	501 (C) (3)	35,000.				UNRESTRICTED

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(1) CITY PARKS FOUNDATION 830 FIFTH AVE NEW YORK, NY 10021	13-3561657	501 (C) (3)	25,000.				UNRESTRICTED
(2) CLARE HOUSING/ CLARE HOUSE 929 CENTRAL AVE. MINNEAPOLIS, MN 55413	41-1794924	501 (C) (3)	10,000.				UNRESTRICTED
(3) COALITION ON AIDS IN PASSAIC COUNTY, INC. 100 HAMILTON PLAZA PATERSON, NJ 07505-0000	22-2855342	501 (C) (3)	7,500.				UNRESTRICTED
(4) COLORADO HEALTH NETWORK 2490 W. 26TH AVE. DENVER, CO 80211	84-0961159	501 (C) (3)	10,000.				UNRESTRICTED
(5) COLORADO HEALTH NETWORK 2490 W. 26TH AVE. DENVER, CO 80211	84-0961159	501 (C) (3)	10,000.				UNRESTRICTED
(6) COLUMBIA CARES, INC. JAMES CAMPBELL BLVD. COLUMBIA, TN 38401	62-1513020	501 (C) (3)	10,000.				UNRESTRICTED
(7) COLUMBUS WELLNESS CENTER OUTREACH AND PREVE 1220 WILDWOOD AVE. COLUMBUS, GA 31906	58-2187837	501 (C) (3)	7,500.				UNRESTRICTED
(8) COMMUNITY AIDS NETWORK 895 NORTH MAIN ST. AKRON, OH 44310-2123	31-1506671	501 (C) (3)	10,000.				UNRESTRICTED
(9) COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895-0000	05-0259103	501 (C) (3)	7,500.				UNRESTRICTED
(10) COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT ST. DETROIT, MI 48226	38-2704374	501 (C) (3)	15,000.				UNRESTRICTED
(11) COMMUNITY HOSPICE 47 LIBERTY ST. CATSKILL, NY 12414	22-2692940	501 (C) (3)	10,000.				UNRESTRICTED
(12) COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 (C) (3)	10,000.				UNRESTRICTED

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(1) COMMUNITY SERVINGS MARBURY TERR. JAMAICA PLAIN, MA 02130-0000	22-3154028	501 (C) (3)	35,000.				UNRESTRICTED
(2) COMUNIDAD PARA ENVEJECIENTES SUENOS DORADOS HC 7 PO BOX 98290 ARECIBO, PR 00612-0000	11-1111111	501 (C) (3)	10,000.				UNRESTRICTED
(3) COVENANT HOUSE, INC. 600 SHREWSBURY ST. CHARLESTON, WV 25301	31-1015583	501 (C) (3)	37,500.				UNRESTRICTED
(4) DAMIEN CENTER 26 ARSENAL AVE. INDIANAPOLIS, IN 46201	35-1711878	501 (C) (3)	15,000.				UNRESTRICTED
(5) DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 (C) (3)	15,000.				UNRESTRICTED
(6) DELAWARE HIV CONSORTIUM, INC. 100 WEST 10TH ST WILMINGTON, DE 19801	51-0348892	501 (C) (3)	7,500.				UNRESTRICTED
(7) DESERT AIDS PROJECT 1695 N.SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501 (C) (3)	10,000.				UNRESTRICTED
(8) DNDI 40 RECTOR ST. NEW YORK, NY 10006	20-8774179	501 (C) (3)	10,000.				UNRESTRICTED
(9) DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. NEW YORK, NY 10001-5004	13-3433452	501 (C) (3)	10,000.				UNRESTRICTED
(10) DOWNTOWN EMERGENCY SERVICE CENTER 515 THIRD AVE. SEATTLE, WA 98104	91-1275815	501 (C) (3)	7,500.				UNRESTRICTED
(11) DRESS FOR SUCCESS 32 E. 31ST ST. NEW YORK, NY 10016	13-4040377	501 (C) (3)	10,000.				UNRESTRICTED
(12) DUKE UNIVERSITY 210 SCIENCE DR., DURHAM, NC 27708	56-0532129	501 (C) (3)	25,000.				UNRESTRICTED

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(1) E.ALABAMA HEALTH CARE AUTHORITY 122 N 20TH ST. OPELIKA, AL 36801	63-6000526	501 (C) (3)	7,500.				UNRESTRICTED
(2) EAC NETWORK 50 CLINTON ST. HEMPSTEAD, NY 11550	23-7175609	501 (C) (3)	7,500.				UNRESTRICTED
(3) ECUMENICAL MINISTRIES OF OREGON 2941 NE AINSWORTH ST. PORTLAND, OR 97211	93-0625359	501 (C) (3)	7,500.				UNRESTRICTED
(4) EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVE. CINCINNATI, OH 45219	31-0743605	501 (C) (3)	15,000.				UNRESTRICTED
(5) EMPOWER U, INC. 8309 NW 22ND AVE. MIAMI, FL 33147	65-0899207	501 (C) (3)	7,500.				UNRESTRICTED
(6) ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD. SANTA CRUZ, CA 95060	77-0129193	501 (C) (3)	7,500.				UNRESTRICTED
(7) ENCORE COMMUNITY SERVICES 239 W. 49TH ST. NEW YORK, NY 10019	13-3104293	501 (C) (3)	6,000.				UNRESTRICTED
(8) EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH ST. NEW YORK, NY 10016-7405	13-5563397	501 (C) (3)	15,000.				UNRESTRICTED
(9) EQUALITY FOUNDATION OF GEORGIA, INC. 1530 DEKALB AVE. ATLANTA, GA 30307	58-2346744	501 (C) (3)	15,000.				UNRESTRICTED
(10) EVERY NATION CHURCHES NYC 31 W. 34TH ST. NEW YORK, NY 10001	33-0749629	501 (C) (3)	7,500.				UNRESTRICTED
(11) EXPONENTS, INC. 151 WEST 26TH ST. NEW YORK, NY 10001	13-3572677	501 (C) (3)	20,000.				UNRESTRICTED
(12) FACE TO FACE SONOMA COUNTY AIDS NETWORK 873 SECOND ST. SANTA ROSA, CA 95404	68-0052664	501 (C) (3)	7,500.				UNRESTRICTED

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(1) FACT BUCKS COUNTY P O BOX 72 NEW HOPE, PA 18938	23-2504602	501 (C) (3)	7,500.				UNRESTRICTED
(2) FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133-0000	52-1438544	501 (C) (3)	35,000.				UNRESTRICTED
(3) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST. BOSTON, MA 02215-4302	04-2510564	501 (C) (3)	25,000.				UNRESTRICTED
(4) FOOD & FRIENDS 219 RIGGS RD. WASHINGTON, DC 20011	52-1648941	501 (C) (3)	35,000.				UNRESTRICTED
(5) FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	13-3179546	501 (C) (3)	35,000.				UNRESTRICTED
(6) FOOD FOR LIFE NETWORK 3510 BISCAYNE BLVD. MIAMI, FL 33137	59-2815277	501 (C) (3)	15,000.				UNRESTRICTED
(7) FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501 (C) (3)	10,000.				UNRESTRICTED
(8) FOOD OUTREACH INC. 3117 OLIVE ST. ST. LOUIS, MO 63103	43-1492878	501 (C) (3)	35,000.				UNRESTRICTED
(9) FORTUNE SOCIETY 29-76 NORTHERN BLVD. LI CITY, NY 11101	13-2645436	501 (C) (3)	12,500.				UNRESTRICTED
(10) FRACTURED ATLAS 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 (C) (3)	23,575.				UNRESTRICTED
(11) FRANNIE PEABODY CENTER 30 DANFORTH ST. PORTLAND, ME 04101-0000	01-0416974	501 (C) (3)	10,000.				UNRESTRICTED
(12) FRATERNITE NOTRE DAME, INC. 2290 FIRST AVE. NEW YORK, NY 10035	13-3600714	501 (C) (3)	10,000.				UNRESTRICTED

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
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OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number
13-3458820

Part I General Information on Grants and Assistance

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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 noncash assistance	(h) Purpose of grant or assistance
(1) FRATERNITY HOUSE, INC. 20702 ELFIN FOREST RD. ESCONDIDO, CA 92029	33-0306861	501 (C) (3)	10,000.				UNRESTRICTED
(2) FREEDOM FUND NETWORK 3000 RIOMAR ST. FORT LAUDERDALE, FL 33304	82-2069282	501 (C) (3)	10,000.				UNRESTRICTED
(3) FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 (C) (3)	15,000.				UNRESTRICTED
(4) FRIENDS OF THE ARCHER SHAKESPEAREANS 116 CIMARRON DR. ROCHESTER, NY 14620	81-5082056	501 (C) (3)	10,000.				UNRESTRICTED
(5) FUNDACION LATINO AMERICANA CONTRA EL SIDA I 6666 HARWIN DR. HOUSTON, TX 77036-2264	76-0430109	501 (C) (3)	7,500.				UNRESTRICTED
(6) FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DR. ARLINGTON, VA 22202	13-3869632	501 (C) (3)	35,000.				UNRESTRICTED
(7) GAY MEN'S HEALTH CRISIS 446 WEST 33RD ST. NEW YORK, NY 10001	13-3130146	501 (C) (3)	83,685.				UNRESTRICTED
(8) GOD'S LOVE WE DELIVER 166 AVE. OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501 (C) (3)	41,000.				UNRESTRICTED
(9) GOLDEN RAINBOW OF NEVADA INC. 714 E. SAHARA AVE. LAS VEGAS, NV 89104	94-3092947	501 (C) (3)	12,500.				UNRESTRICTED
(10) GRAHAM WINDHAM 33 IRVING PL. NEW YORK, NY 10003	13-2926426	501 (C) (3)	45,000.				UNRESTRICTED
(11) GREATER OUACHITA PROVIDING AIDS RESOURCES & 1801 NORTH 7TH WEST MONROE, LA 71291	72-1136639	501 (C) (3)	10,000.				UNRESTRICTED
(12) GREGORY HOUSE 200 N VINEYARD BLVD HONOLULU, HI 96817	99-0265111	501 (C) (3)	15,000.				UNRESTRICTED

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(1) GRIOT CIRCLE 25 FLATBUSH AVE. NEW YORK, NY 11217	11-3364328	501 (C) (3)	7,500.				UNRESTRICTED
(2) HARLEM UNITED COMMUNITY AIDS CENTER, INC. 306 LENOX AVE. NEW YORK, NY 10027	13-3461695	501 (C) (3)	35,000.				UNRESTRICTED
(3) HARM REDUCTION ACTION COALITION 22W. 27TH ST. NEW YORK, NY 10001	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. NEW YORK, NY 10027	20-5053765	501 (C) (3)	20,000.				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. (CUNY) 552 SOUTHERN BLVD. 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)	10,000.				UNRESTRICTED
(9) HEIGHTS HILL MENTAL HEALTH SERVICE 25 FLATBUSH AVE. BROOKLYN, NY 11217	94-6050231	501 (C) (3)	10,000.				UNRESTRICTED
(10) HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PL. NEW YORK, NY 10003	13-3104537	501 (C) (3)	20,000.				UNRESTRICTED
(11) HILLSDALE UNITED METHODIST CHURCH 9 STATE RD. 22 HILLSDALE, NY 12529	14-6024562	501 (C) (3)	7,500.				UNRESTRICTED
(12) HISPANIC AIDS FORUM 1767 PARK AVE. NEW YORK, NY 10025	13-3422748	501 (C) (3)	10,000.				UNRESTRICTED

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

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Name of the organization

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Employer identification number

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(1) HISPANIC FEDERATION, INC. 55 EXCHANGE PL. NEW YORK, NY 10005	13-3573852	501 (C) (3)	351,500.				UNRESTRICTED
(2) HIV ALLIANCE 1966 GARDEN AVE. EUGENE, OR 97403-1933	93-0963546	501 (C) (3)	7,500.				UNRESTRICTED
(3) HOPE HOUSE DAY CARE CENTER INC 23 SOUTH IDLEWOOD MEMPHIS, TN 38104	62-1579024	501 (C) (3)	7,500.				UNRESTRICTED
(4) HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE. HOT SPRINGS, AK 71901	71-0778076	501 (C) (3)	20,000.				UNRESTRICTED
(5) HOUSE OF MERCY, INC. PO BOX 808 BELMONT, NC 28012	56-2153136	501 (C) (3)	12,500.				UNRESTRICTED
(6) HOUSING OPPORTUNITIES FOR WOMEN 1607 W. HOWARD ST. CHICAGO, IL 60626	36-3263818	501 (C) (3)	7,500.				UNRESTRICTED
(7) HOUSING WORKS, INC. 57 WILLOUGHBY ST. BROOKLYN, NY 11201	13-3584089	501 (C) (3)	55,955.				UNRESTRICTED
(8) HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN RD. CHICAGO, IL 60613	36-2894128	501 (C) (3)	20,000.				UNRESTRICTED
(9) HUDSON VALLEY COMMUNITY SERVICES 40 SAW MILL RIVER RD. HAWTHORNE, NY 10532	13-3322100	501 (C) (3)	10,000.				UNRESTRICTED
(10) HUDSON VALLEY LGBTQ COMM CENTER 300 WALL ST. KINGSTON, NY 12402	20-3721531	501 (C) (3)	10,000.				UNRESTRICTED
(11) HUMAN RIGHTS WATCH, INC. 350 FIFTH AVE. NEW YORK, NY 10018	13-2875808	501 (C) (3)	25,000.				UNRESTRICTED
(12) HYACINTH AIDS FOUNDATION 317 GEORGE ST. NEW BRUNSWICK, NJ 08901-0000	22-2648820	501 (C) (3)	10,000.				UNRESTRICTED

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Employer identification number

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(1) INCARNATION CHILDREN'S CENTER/FRIENDS OF IC 142 AUDUBON AVE. NEW YORK, NY 10032	13-3853340	501 (C) (3)	10,000.				UNRESTRICTED
(2) INDIANA RECOVERY ALLIANCE PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501 (C) (3)	10,000.				UNRESTRICTED
(3) INTERFAITH AIDS MINISTRY OF GREATER DANBURY 39 ROSE ST. DANBURY, CT 06810-0000	06-1314001	501 (C) (3)	7,500.				UNRESTRICTED
(4) INTERFAITH RESIDENCE/ DOORWAYS 4385 MARYLAND AVE. ST. LOUIS, MO 63108	43-1484279	501 (C) (3)	10,000.				UNRESTRICTED
(5) IOWA HARM REDUCTION CENTER 1216 2ND AVE. SE CEDAR RAPIDS, IA 52403	82-1864287	501 (C) (3)	7,500.				UNRESTRICTED
(6) IRIS HOUSE CLAYTON POWELL BLVD. NEW YORK, NY 10030	13-3699201	501 (C) (3)	20,000.				UNRESTRICTED
(7) JERUSALEM HOUSE, INC. 17 EXEC PARK DR. ATLANTA, GA 30318	58-1829807	501 (C) (3)	7,500.				UNRESTRICTED
(8) JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DR. DENVER, CO 80231	84-0402701	501 (C) (3)	7,500.				UNRESTRICTED
(9) JOINING HEARTS P.O. BOX 54808 ATLANTA, GA 30308	58-2028181	501 (C) (3)	9,000.				UNRESTRICTED
(10) JOSEPH'S HOUSE 1730 LANIER PL. WASHINGTON, DC 20009	52-1693018	501 (C) (3)	20,000.				UNRESTRICTED
(11) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 (C) (3)	10,000.				UNRESTRICTED
(12) KITCHEN ANGELS 1222 SILER RD. SANTA FE, NM 87507	85-0423492	501 (C) (3)	20,000.				UNRESTRICTED

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(1) LA JEWISH AIDS SVCS./PROJECT CHICKEN SOUP P.O. BOX 480241 LOS ANGELES, CA 90048	95-4232540	501 (C) (3)	15,000.				UNRESTRICTED
(2) LANSING AREA AIDS NETWORK 913 W. HOLMES RD. LANSING, MI 48910	38-2791807	501 (C) (3)	7,500.				UNRESTRICTED
(3) LEGACY COMMUNITY HEALTH SERVICES, INC. 3311 RICHMOND AVE. HOUSTON, TX 77098	76-0009637	501 (C) (3)	25,000.				UNRESTRICTED
(4) LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 (C) (3)	10,000.				UNRESTRICTED
(5) LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUN 208 WEST 13TH ST. NEW YORK, NY 10011	13-3217805	501 (C) (3)	242,228.				UNRESTRICTED
(6) LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE ST. NEW HAVEN, CT 06510-0000	22-2849124	501 (C) (3)	7,500.				UNRESTRICTED
(7) LIFE FOUNDATION 677 ALA MOANA BLVD. HONOLULU, HI 96813	99-0230542	501 (C) (3)	7,500.				UNRESTRICTED
(8) LIFECARE ALLIANCE 1699 WEST MOUND ST. COLUMBUS, OH 43223	31-4379494	501 (C) (3)	20,000.				UNRESTRICTED
(9) LIFELONG AIDS ALLIANCE 1002 EAST SENECA ST. SEATTLE, WA 98122	91-1215715	501 (C) (3)	35,000.				UNRESTRICTED
(10) LOCAL 802 SENIOR MUSICIANS ASSOCIATION 322 WEST 48TH ST. NEW YORK, NY 10036	13-6226520	501 (C) (3)	25,000.				UNRESTRICTED
(11) LOS ANGELES LGBT COMMUNITY SERVICES CENTER 1625 N.SCHRADER BLVD. LOS ANGELES, CA 90028	95-3567895	501 (C) (3)	12,500.				UNRESTRICTED
(12) LOVING FOOD RESOURCES 123 KENILWORTH RD. ASHEVILLE, NC 28803	56-1823591	501 (C) (3)	20,000.				UNRESTRICTED

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(1) LOWCOUNTRY AIDS SERVICES GRP INC. 1501 MANLEY AVE CHARLESTON, SC 29405	57-0905550	501 (C) (3)	7,500.				UNRESTRICTED
(2) MAITRI 401 DUBOCE AVE. SAN FRANCISCO, CA 94117	94-3189198	501 (C) (3)	20,000.				UNRESTRICTED
(3) MALE SURVIVOR 96 ANDEN ST NEW YORK, NY 10040	41-1831829	501 (C) (3)	10,000.				UNRESTRICTED
(4) MAMA'S KITCHEN, INC. 3960 HOME AVE. SAN DIEGO, CA 92105	33-0434246	501 (C) (3)	35,000.				UNRESTRICTED
(5) MATTHEW 25 AIDS SERVICES 452 OLD CORYDON RD. HENDERSON, KY 42420	61-1351672	501 (C) (3)	10,000.				UNRESTRICTED
(6) MAZZONI CENTER 21 SOUTH 12TH ST. PHILADELPHIA, PA 19107	23-2176338	501 (C) (3)	20,000.				UNRESTRICTED
(7) MEDICARE RIGHTS CENTER - ACTORS FUND 520 EIGHTH AVE. NEW YORK, NY 10018	13-3505372	501 (C) (3)	40,000.				UNRESTRICTED
(8) MERCY HOUSE LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501 (C) (3)	7,500.				UNRESTRICTED
(9) MERRYMEETING AIDS SUPPORT SERVICES PO BOX 57 BRUNSWICK, ME 04011-0000	01-0427425	501 (C) (3)	10,000.				UNRESTRICTED
(10) METROPOLITAN AIDS NEIGHBORHOOD NUTRITION AL 2323 RANSTEAD ST. PHILADELPHIA, PA 19103	23-2586142	501 (C) (3)	35,000.				UNRESTRICTED
(11) METROPOLITAN COMMUNITY CHURCH OF NY 446 W. 36TH ST. NEW YORK, NY 10018	13-4230871	501 (C) (3)	37,500.				UNRESTRICTED
(12) METROPOLITAN INTERDENOMINATIONAL CHURCH FIR PO BOX 280779 NASHVILLE, TN 37229-0779	62-1100022	501 (C) (3)	10,000.				UNRESTRICTED

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(1) MIDLAND/ODESSA AREA AIDS SUPPORT 800 WEST TEXAS MIDLAND, TX 79701	75-2470417	501 (C) (3)	10,000.				UNRESTRICTED
(2) MINISTERIO ""EN JEHOVA SERAN PROVITOS/ SIDA CALLE DOMINGO RBUIO ARECIBO, PR 00613-0000	66-0529242	501 (C) (3)	10,000.				UNRESTRICTED
(3) MINNESOTA AIDS PROJECT 1400 PARK AVE. MINNEAPOLIS, MN 55404	41-1524746	501 (C) (3)	10,000.				UNRESTRICTED
(4) MINNKOTA HEALTH PROJECT 810 4TH AVE. MOORHEAD, MN 56560	36-3610758	501 (C) (3)	20,000.				UNRESTRICTED
(5) MONTROSE COUNSELING CENTER, INC. 401 BRANARD ST. HOUSTON, TX 77006	74-2050245	501 (C) (3)	20,000.				UNRESTRICTED
(6) MOVEABLE FEAST INC. 901 NORTH MILTON AVE. BALTIMORE, MD 21205	52-1663825	501 (C) (3)	35,000.				UNRESTRICTED
(7) MOVEMENT STRATEGY CENTER 436 14TH ST. OAKLAND, CA 94612	20-1037643	501 (C) (3)	15,000.				UNRESTRICTED
(8) MY FRIEND'S PL. 5850 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	95-4834034	501 (C) (3)	7,500.				UNRESTRICTED
(9) N STREET VILLAGE 1333 N ST. NW WASHINGTON, DC 20005-3601	52-2069681	501 (C) (3)	7,500.				UNRESTRICTED
(10) NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 (C) (3)	12,500.				UNRESTRICTED
(11) NATIONAL AIDS EDUCATION AND SERVICES FOR MI 2140 MLK JR. DR. ATLANTA, GA 30310	53-1986941	501 (C) (3)	35,000.				UNRESTRICTED
(12) NATIONAL CENTER FOR TRANSGENDER EQUALITY 1133 19TH ST. WASHINGTON, DC 20036	41-2090291	501 (C) (3)	15,000.				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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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OMB No. 1545-0047

2017

Open to Public Inspection

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? . . . . . [X] Yes [ ] No

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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 noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL MINORITY AIDS COUNCIL 1931 13TH ST. WASHINGTON, DC 20009	52-1578289	501 (C) (3)	23,500.				UNRESTRICTED
(2) NATIONAL WOMEN'S HISTORY MUSEUM 205 S. WHITING ST. ALEXANDRIA, VA 22304	54-1801426	501 (C) (3)	15,000.				UNRESTRICTED
(3) NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501 (C) (3)	7,500.				UNRESTRICTED
(4) NEBRASKA AIDS PROJECT, INC. 250 S. 77TH ST. OMAHA, NE 68114	47-0786622	501 (C) (3)	12,500.				UNRESTRICTED
(5) NETWORK FOR GOOD 23532 CALABASAS RD. CALABASAS, CA 91302	68-0480736	501 (C) (3)	6,825.				UNRESTRICTED
(6) NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 50 EAST 7TH ST. NEW YORK, NY 10003	31-1689641	501 (C) (3)	10,000.				UNRESTRICTED
(7) NEW AVE.S FOR YOUTH 1220 SW COLUMBIA ST. PORTLAND, OR 97201	93-0910213	501 (C) (3)	7,500.				UNRESTRICTED
(8) NEW ORLEANS MUSICIANS CLINIC 1525 LOUISIANA AVE NEW ORLEANS, LA 70115	20-8139539	501 (C) (3)	15,000.				UNRESTRICTED
(9) NEW YORK CITY GAY & LESBIAN ANTI-VIOLENCE P 24 W. 25TH ST. NEW YORK, NY 10010	13-3149200	501 (C) (3)	10,000.				UNRESTRICTED
(10) NO/AIDS TASK FORCE 2601 TULANE AVE. NEW ORLEANS, LA 70119	72-1059635	501 (C) (3)	35,000.				UNRESTRICTED
(11) NORTH CAROLINA AIDS ACTION NETWORK P.O. BOX 25044 RALEIGH, NC 27611	32-0323779	501 (C) (3)	25,000.				UNRESTRICTED
(12) NORTH CAROLINA HARM REDUCTION COALITION P.O. BOX 13761 DURHAM, NC 27709	20-3452075	501 (C) (3)	10,000.				UNRESTRICTED

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(1) NORTH IDAHO AIDS COALITION 2201 GOVERNMENT WAY COEUR D'ALENE, ID 83814	82-0509161	501 (C) (3)	10,000.				UNRESTRICTED
(2) NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVE. NEWARK, NJ 07103-0000	52-1592616	501 (C) (3)	20,000.				UNRESTRICTED
(3) NORTHEAST FLORIDA AIDS NETWORK 2715 OAK ST. JACKSONVILLE, FL 32205	59-2974694	501 (C) (3)	7,500.				UNRESTRICTED
(4) NORTHWEST PA RURAL AIDS ALLIANCE 15898 ROUTE 322 CLARION, PA 16214	23-2250505	501 (C) (3)	7,500.				UNRESTRICTED
(5) NYU SCHOOL OF MEDICINE 550 1ST AVE. NEW YORK, NY 10016	13-5562308	501 (C) (3)	7,500.				UNRESTRICTED
(6) OKALOOSA AIDS SUPP & INFORM SVCS. 745 BEAL PKWY. FT. WALTON BEACH, FL 32547	59-3089946	501 (C) (3)	10,000.				UNRESTRICTED
(7) ONE HEARTLAND / CAMP HEARTLAND 2101 HENNEPIN AVE MINNEAPOLIS, MN 55405	39-1763115	501 (C) (3)	10,000.				UNRESTRICTED
(8) OPEN AID ALLIANCE 500 NORTH HIGGINS MISSOULA, MT 59802	36-3652244	501 (C) (3)	10,000.				UNRESTRICTED
(9) OPEN ARMS INC./BRYAN'S HOUSE P.O. BOX 35868 DALLAS, TX 75235	75-2217559	501 (C) (3)	7,500.				UNRESTRICTED
(10) OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVE. MINNEAPOLIS, MN 55404	41-1681317	501 (C) (3)	35,000.				UNRESTRICTED
(11) OPEN DOOR PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 (C) (3)	7,500.				UNRESTRICTED
(12) OPEN DOOR CLINIC 164 DIVISION ST. ELGIN, IL 60120	36-2899274	501 (C) (3)	7,500.				UNRESTRICTED

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(1) OPEN HANDS FOOD PANTRY 26998 WOODLAND AVE. ROYAL OAK, MI 48067	38-3984472	501 (C) (3)	18,500.				UNRESTRICTED
(2) OTHER OPTIONS, INC. 3636 NW 51ST OKLAHOMA CITY, OK 73112	73-1341319	501 (C) (3)	20,000.				UNRESTRICTED
(3) OUR HOUSE OF PORTLAND 2727 SE ALDER ST. PORTLAND, OR 97214	93-0986632	501 (C) (3)	15,000.				UNRESTRICTED
(4) OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE NEW YORK, NY 10038	94-3139952	501 (C) (3)	10,000.				UNRESTRICTED
(5) PACIFIC PRIDE FOUNDATION 126 EAST HALEY ST. SANTA BARBARA, CA 93101	95-3133613	501 (C) (3)	10,000.				UNRESTRICTED
(6) PANHANDLE AIDS SUPPORT ORGANIZATION, INC. 1523 SOUTH TAYLOR AMARILLO, TX 79101	75-2219593	501 (C) (3)	7,500.				UNRESTRICTED
(7) PATOKA VALLEY HIV COMMUNITY ACTION GROUP PO BOX 411 JASPER, IN 47547	35-0895838	501 (C) (3)	10,000.				UNRESTRICTED
(8) PAVE/ PAVING THE WAY 233 S. WACKER DR. CHICAGO, IL 60606	32-0131894	501 (C) (3)	10,000.				UNRESTRICTED
(9) PEOPLE'S HARM REDUCTION ALLIANCE PO BOX 85038 SEATTLE, WA 98145	35-2307112	501 (C) (3)	10,000.				UNRESTRICTED
(10) PETER & PAUL COMMUNITY SERVICES, INC. 1025 PARK AVE. ST. LOUIS, MO 63104-3720	43-1349643	501 (C) (3)	7,500.				UNRESTRICTED
(11) PETS ARE LOVING SUPPORT PO BOX 1539 GUERNEVILLE, CA 95446	68-0295834	501 (C) (3)	10,000.				UNRESTRICTED
(12) PETS ARE WONDERFUL SUPPORT 3170 23RD ST. SAN FRANCISCO, CA 94110	94-3049133	501 (C) (3)	26,532.				UNRESTRICTED

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(1) PHILADELPHIA CENTER - MERCY CENTER 740 AUSTIN PL. SHREVEPORT, LA 71101	72-1204252	501 (C) (3)	10,000.				UNRESTRICTED
(2) PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH NEW YORK, NY 10019	95-4590018	501 (C) (3)	85,000.				UNRESTRICTED
(3) PIERCE COUNTY AIDS FOUNDATION 3520 SOUTH PINE ST. TACOMA, WA 98409	91-1385245	501 (C) (3)	7,500.				UNRESTRICTED
(4) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAMS ST. NEW YORK, NY 10036	13-1644147	501 (C) (3)	25,500.				UNRESTRICTED
(5) PORT DEFIANCE AIDS PROJECT 1351 ROYAL WAY SAN LUIS OBISPO, CA 93405	91-1435394	501 (C) (3)	7,500.				UNRESTRICTED
(6) POSITIVE RESOURCE CENTER 525 OXFORD ST. FORT WAYNE, IN 46806	31-1191147	501 (C) (3)	7,500.				UNRESTRICTED
(7) POSITIVE RESPONSE, INC. 411 NORTH PARK ST. CARROLLTON, GA 30117	58-2105141	501 (C) (3)	7,500.				UNRESTRICTED
(8) POSITIVE WELLNESS ALLIANCE, INC. PO BOX 703 LEXINGTON, NC 27293	56-1885607	501 (C) (3)	7,500.				UNRESTRICTED
(9) POSITIVE WOMEN'S NETWORK-USA 436 14TH ST. OAKLAND, CA 94612	91-1717603	501 (C) (3)	15,000.				UNRESTRICTED
(10) POVERELLO CENTER, INC. 2056 NORTH DIXIE HWY.	65-0056218	501 (C) (3)	15,000.				UNRESTRICTED
(11) PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVE. PHILADELPHIA, PA 19133	23-2663699	501 (C) (3)	15,000.				UNRESTRICTED
(12) PREVENTION POINT PITTSBURGH 907 WEST ST. PITTSBURGH, PA 15221	25-1852314	501 (C) (3)	15,000.				UNRESTRICTED

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(1) PROJECT ANGEL FOOD 922 VINE ST. LOS ANGELES, CA 90038-2702	95-4115863	501 (C) (3)	35,000.				UNRESTRICTED
(2) PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501 (C) (3)	35,000.				UNRESTRICTED
(3) PROJECT HOSPITALITY, INC. 100 PARK AVE. STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	30,000.				UNRESTRICTED
(4) PROJECT INFORM, INC. 273 NINTH ST. SAN FRANCISCO, CA 94103	94-3052723	501 (C) (3)	15,000.				UNRESTRICTED
(5) PROJECT OPEN HAND/ATLANTA 181 ARMOUR DR. ATLANTA, GA 30324	58-1816778	501 (C) (3)	95,000.				UNRESTRICTED
(6) PROJECT RESPONSE AIDS CENTER - NORTH 745 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	59-3036563	501 (C) (3)	10,000.				UNRESTRICTED
(7) PROJECT TRANSITIONS, INC. PO BOX 4826 AUSTIN, TX 78765	74-2502171	501 (C) (3)	7,500.				UNRESTRICTED
(8) PROVINCETOWN AIDS SUPPORT GROUP P.O. BOX 1522 PROVINCETOWN, MA 02657-0000	04-2908722	501 (C) (3)	12,500.				UNRESTRICTED
(9) RAINBOW RAILRD. USA 601 W. 26TH ST. NEW YORK, NY 10001	47-4896980	501 (C) (3)	25,000.				UNRESTRICTED
(10) RAUSCHENBUSCH METRO MINISTRIES 410 W. 40TH ST. NEW YORK, NY 10018	13-3859713	501 (C) (3)	16,000.				UNRESTRICTED
(11) REBECCA DAVIS DANCE COMPANY 315 W. 36TH ST. NEW YORK, NY 10018	20-2041093	501 (C) (3)	20,000.				UNRESTRICTED
(12) RECIPROCITY FOUNDATION 255 W. 36TH ST. NEW YORK, NY 10018	20-1959280	501 (C) (3)	17,500.				UNRESTRICTED

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(1) REGIONAL AIDS INTERFAITH NETWORK OF OK. 5001 PENN. AVE. OKLAHOMA CITY, OK 73112	73-1375796	501 (C) (3)	27,500.				UNRESTRICTED
(2) RESOURCE CENTER OF DALLAS, INC. 2701 REAGAN ST. DALLAS, TX 75219	75-1892059	501 (C) (3)	12,500.				UNRESTRICTED
(3) ROCKY MOUNTAIN CARES 4545 E. 9TH AVE. DENVER, CO 80220	27-0847403	501 (C) (3)	7,500.				UNRESTRICTED
(4) ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO 100 DIAMOND ST. SAN FRANCISCO, CA 94114	94-1156774	501 (C) (3)	7,500.				UNRESTRICTED
(5) ROSIE'S PL. 889 HARRISON AVE. BOSTON, MA 02118-0000	04-2582187	501 (C) (3)	7,500.				UNRESTRICTED
(6) SAFE HORIZON/STREETWORK 2 LAFAYETTE ST. NEW YORK, NY 10007	13-2946970	501 (C) (3)	10,000.				UNRESTRICTED
(7) SAGE (SERVICES AND ADVOCACY FOR GLBT ELDERS 305 SEVENTH AVE. NEW YORK, NY 10001	13-2947657	501 (C) (3)	25,000.				UNRESTRICTED
(8) SAINT LOUIS EFFORT FOR AIDS 1027 S. VANDEVENTER ST. LOUIS, MO 63110	43-1395179	501 (C) (3)	7,500.				UNRESTRICTED
(9) SAMARITAN MINISTRY/CENTRAL BAPTIST CHURCH O 6300 DEANE HILL DR. KNVOXVILLE, TN 37919		501 (C) (3)	7,500.				UNRESTRICTED
(10) SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON ST. SAN ANTONIO, TX 78208	74-2427853	501 (C) (3)	12,500.				UNRESTRICTED
(11) SAN FRANCISCO AIDS FOUNDATION 1035 MARKET ST. SAN FRANCISCO, CA 94103	94-2927405	501 (C) (3)	35,000.				UNRESTRICTED
(12) SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501 (C) (3)	20,000.				UNRESTRICTED

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(1) SAY - THE STUTTERING ASSOC FOR THE YOUNG 55 W. 39TH ST. NEW YORK, NY 10018	33-1049070	501 (C) (3)	7,500.				UNRESTRICTED
(2) SELMA AIR PO BOX 396 SELMA, AL 36701	63-1133272	501 (C) (3)	10,000.				UNRESTRICTED
(3) SERO PROJECT / CREATIVE VISIONS FOUNDATION P.O. BOX 1233 MILFORD, PA 18337	39-1902814	501 (C) (3)	30,000.				UNRESTRICTED
(4) SHANTI 730 POLK ST. SAN FRANCISCO, CA 94109	94-2297147	501 (C) (3)	7,500.				UNRESTRICTED
(5) SHASTA TRINITY TEHAMA HIV FOOD BANK PO BOX 493283 REDDING, CA 96049	94-1026064	501 (C) (3)	10,000.				UNRESTRICTED
(6) SHELTER RESOURCES/BELLE REVE NEW ORLEANS 3029 ROYAL ST. NEW ORLEANS, LA 70117	58-2022068	501 (C) (3)	7,500.				UNRESTRICTED
(7) SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA ST. PITTSBURGH, PA 15224-2127	25-1781394	501 (C) (3)	15,000.				UNRESTRICTED
(8) SING FOR YOUR SENIORS INC 1834 2ND AVE. NEW YORK, NY 10128	20-8052382	501 (C) (3)	8,000.				UNRESTRICTED
(9) SISTERHOOD MOBILIZED FOR AIDS/ HIV RESEARCH 158 E. 115TH ST. NEW YORK, NY 10029	13-4020958	501 (C) (3)	15,000.				UNRESTRICTED
(10) SKYLIGHT THEATRE COMPANY 1816 N. VERMONT AVE LOS ANGELES, CA 90027	95-4007314	501 (C) (3)	6,000.				UNRESTRICTED
(11) SONORAN PREVENTION WORKS 3201 N. 16TH ST. PHOENIX, AZ 85016	30-0760098	501 (C) (3)	10,000.				UNRESTRICTED
(12) SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER ST. EL DORADO, AR 71730	71-0705708	501 (C) (3)	7,500.				UNRESTRICTED

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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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH CAROLINA HIV/AIDS COUNCIL 1813 LAUREL ST. COLUMBIA, SC 29201	57-0994526	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 GORDONS ALLEY ATLANTIC CITY, NJ 08401-0000	22-2686586	501 (C) (3)	7,500.				UNRESTRICTED
(4) SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVE. TUCSON, AZ 85719-6644	86-0864100	501 (C) (3)	12,500.				UNRESTRICTED
(5) SOUTHERN NEW HAMPSHIRE HIV/AIDS TASK FORCE 12 AMHERST ST. NASHUA, NH 03064-0000	02-0447280	501 (C) (3)	15,000.				UNRESTRICTED
(6) SOUTHWEST CENTER FOR HIV/ AIDS 1101 N. CENTRAL AVE. PHOENIX, AZ 85004	86-0695862	501 (C) (3)	10,000.				UNRESTRICTED
(7) SOUTHWEST LOUISIANA AIDS COUNCIL 1715 COMMON ST. LAKE CHARLES, LA 70601	72-1115522	501 (C) (3)	15,000.				UNRESTRICTED
(8) SPAHR CENTER 910 IRVIN ST. SAN RAFAEL, CA 94901	68-0072470	501 (C) (3)	7,500.				UNRESTRICTED
(9) SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH ST. SAN DIEGO, CA 92103	33-0475238	501 (C) (3)	25,000.				UNRESTRICTED
(10) SPECIAL HEALTH RESOURCES FOR TEXAS 2020 BILL OWENS PKWY LONGVIEW, TX 75604	75-2405203	501 (C) (3)	10,000.				UNRESTRICTED
(11) ST. AUGUSTINE RC CHURCH 116 6TH AVE. BROOKLYN, NY 11217		501 (C) (3)	7,500.				UNRESTRICTED
(12) ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH ST. NEW YORK, NY 10036	13-2796905	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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) STEPHEN PETRONIO DANCE CO. INC. 140 2ND AVE. NEW YORK, NY 10003	22-2742906	501 (C) (3)	7,500.				UNRESTRICTED
(2) STREET WORKS 520 SYLVAN ST. NASHVILLE, TN 37206	62-1806967	501 (C) (3)	7,500.				UNRESTRICTED
(3) SUNBURST PROJECTS 1025 19TH ST. SACRAMENTO, CA 95811	68-0239282	501 (C) (3)	7,500.				UNRESTRICTED
(4) SUNRISE HIV/AIDS COALITION 3846 E. AVE. PALMDALE, CA 93550-9235	95-4553092	501 (C) (3)	7,500.				UNRESTRICTED
(5) THE ACTORS' FUND OF AMERICA 729 SEVENTH AVE. NEW YORK, NY 10019	13-1635251	501 (C) (3)	5,917,975.				UNRESTRICTED
(6) THE AIDS TASK FORCE OF THE UPPER OHIO VALLE P.O. BOX 6360 WHEELING, WV 26003-0805	55-0679690	501 (C) (3)	7,500.				UNRESTRICTED
(7) THE ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501 (C) (3)	11,000.				UNRESTRICTED
(8) THE ANGEL BAND PROJECT 6267 DELMAR ST. LOUIS, MO 63130	80-0707717	501 (C) (3)	7,500.				UNRESTRICTED
(9) THE ELIZABETH TAYLOR AIDS FOUNDATION 2049 CENTURY PARK LOS ANGELES, CA 90067	95-4349614	501 (C) (3)	10,000.				UNRESTRICTED
(10) THE GENERATIONS PROJECT P.O. BOX 110738 BROOKLYN, NY 11211	95-4116679	501 (C) (3)	12,500.				UNRESTRICTED
(11) THE JECKYL FOUNDATION 700 12TH AVE., #201 NASHVILLE, TN 37203	95-4385689	501 (C) (3)	25,000.				UNRESTRICTED
(12) THE LGBT COMMUNITY CENTER OF THE DESERT 1301 PALM CANYON DR. PALM SPRINGS, CA 92262	33-0937301	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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

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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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) THE PINES FOUNDATION 7 E. 14TH ST. NEW YORK, NY 10003	11-3488704	501 (C) (3)	8,550.				UNRESTRICTED
(2) THE PROJECT OF THE QUAD CITIES 2316 FIFTH AVE. MOLINE, IL 61265	42-1358032	501 (C) (3)	7,500.				UNRESTRICTED
(3) THE PULMONARY FIBROSIS FOUNDATION 811 EVERGREEN AVE. CHICAGO, IL 60642	84-1558631	501 (C) (3)	12,500.				UNRESTRICTED
(4) THE RIVER FUND 11155 ROSELAND RD. SEBASTIAN, FL 32958	59-3212877	501 (C) (3)	25,000.				UNRESTRICTED
(5) THE SERO PROJECT PO BOX 1233 MILFORD, PA 18337	39-1902814	501 (C) (3)	25,000.				UNRESTRICTED
(6) THE TREVOR PROJECT 9056 SANTA MONICA BLVD. HOLLYWOOD, CA 90069	95-4681287	501 (C) (3)	16,000.				UNRESTRICTED
(7) THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE. WASHINGTON, DC 20018	52-1929922	501 (C) (3)	10,000.				UNRESTRICTED
(8) TIDES CENTER/HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	94-3213100	501 (C) (3)	12,500.				UNRESTRICTED
(9) TMI PROJECT / STERLING PRODUCTIONS, INC 721 BROADWAY KINGSTON, NY 12401	37-1646881	501 (C) (3)	7,500.				UNRESTRICTED
(10) TOPEKA AIDS PROJECT 1001 SW GARFIELD TOPEKA, KS 66604	48-1032982	501 (C) (3)	7,500.				UNRESTRICTED
(11) TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (C) (3)	15,000.				UNRESTRICTED
(12) TRANSGENDER LEGAL DEFENSE & EDUCATION FUND 20 W. 20TH ST. NEW YORK, NY 10011	04-3762842	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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

2017

Open to Public Inspection

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? . . . . . [X] 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 noncash assistance	(h) Purpose of grant or assistance
(1) TREATMENT ACTION GROUP 261 FIFTH AVE. NEW YORK, NY 10016	13-3624785	501 (C) (3)	60,000.				UNRESTRICTED
(2) TRI-STATE ALLIANCE, INC. PO BOX 2901 EVANSVILLE, IN 47728	35-1636272	501 (C) (3)	17,500.				UNRESTRICTED
(3) TRIVERSITY P.O. BOX 1295 MILFORD, PA 18337	23-3317443	501 (C) (3)	7,500.				UNRESTRICTED
(4) TROY AREA UNITED MINISTRIES, INC. 392 SECOND ST. TROY, NY 12180	14-1635408	501 (C) (3)	15,000.				UNRESTRICTED
(5) TRUE COLORS FUND 330 WEST 38TH ST. NEW YORK, NY 10018	45-2489069	501 (C) (3)	40,250.				UNRESTRICTED
(6) TUCSON INTERFAITH HIV/AIDS NETWORK 260 1ST AVE. TUCSON, AZ 85719	86-0819574	501 (C) (3)	10,000.				UNRESTRICTED
(7) TULSA C.A.R.E.S. 3507 EAST ADMIRAL PL. TULSA, OK 74115	73-1388569	501 (C) (3)	10,000.				UNRESTRICTED
(8) TWIN STATES WOMEN'S NETWORK P.O. BOX 75 WILLIAMSTOWN, VT 05679-0000	04-3373364	501 (C) (3)	7,500.				UNRESTRICTED
(9) URBAN SURVIVOR'S UNION - NC 2300 W. MEADOWVIEW RD. GREENSBORO, NC 27407	46-3129789	501 (C) (3)	10,000.				UNRESTRICTED
(10) US HELPING US 3636 GEORGIA AVE. WASHINGTON, DC 20010	52-1628279	501 (C) (3)	35,000.				UNRESTRICTED
(11) UTAH AIDS FOUNDATION 1408 S 1100 SALT LAKE CITY, UT 84105	87-0455172	501 (C) (3)	7,500.				UNRESTRICTED
(12) VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON HOLLYWOOD, CA 91605	23-7050082	501 (C) (3)	7,500.				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)

Department of the Treasury
Internal Revenue Service

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

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Employer identification number

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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 noncash assistance	(h) Purpose of grant or assistance
(1) VENICE FAMILY CLINIC 2401 LINCOLN BLVD. SANTA MONICA, CA 90405	95-4460765	501 (C) (3)	7,500.				UNRESTRICTED
(2) VERMONT CARES 187 ST.PAUL ST. BURLINGTON, VT 05401-0000	03-0307864	501 (C) (3)	10,000.				UNRESTRICTED
(3) VICTORY PROGRAMS, INC. 965 MASS. AVE BOSTON, MA 02118-0000	04-2575322	501 (C) (3)	7,500.				UNRESTRICTED
(4) VIEQUES CONCERT SOCIETY 22 CALLE HUCAR VIEQUES, PR 00765-0000	66-0755246	501 (C) (3)	7,500.				UNRESTRICTED
(5) VITAL BRIDGES 5543 N. BROADWAY AVE. CHICAGO, IL 60640	36-3621161	501 (C) (3)	10,000.				UNRESTRICTED
(6) WARD'S OF SERENITY PO BOX 2903 LITTLE ROCK, AR 72203	33-1007768	501 (C) (3)	7,500.				UNRESTRICTED
(7) WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH ST. TUSCALOOSA, AL 35401	63-0995963	501 (C) (3)	10,000.				UNRESTRICTED
(8) WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN ST. WILLIMASPORT, PA 17701	23-2522649	501 (C) (3)	20,000.				UNRESTRICTED
(9) WHITMAN-WALKER CLINIC 1701 14TH ST. WASHINGTON, DC 20009	52-1122122	501 (C) (3)	25,000.				UNRESTRICTED
(10) WOMEN'S PRISON ASSOCIATION AND HOME, INC. 110 SECOND AVE. NEW YORK, NY 10003	13-5596836	501 (C) (3)	10,000.				UNRESTRICTED
(11) WYOMING AIDS ASSISTANCE P.O. BOX 674 LARAMIE, WY 82073	81-4906541	501 (C) (3)	7,500.				UNRESTRICTED
(12) XAVIER MISSION, INC. 55 W. 15TH ST. NEW YORK, NY 10011	45-3763576	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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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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

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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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 noncash assistance	(h) Purpose of grant or assistance
(1) YOUR KIDS, OUR KIDS, INC. P.O. BOX 231501 NEW YORK, NY 10023	47-5299128	501 (C) (3)	15,000.				UNRESTRICTED
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 385.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.** 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 GRANTEES BASED ON RECOMMENDATIONS OF MEMBERY 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.
▶ Attach to Form 990.
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OMB No. 1545-0047

2017

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 aren't 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)	204,812.	0.	0.	0.	11,018.	215,830.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	LAWRENCE COOK DIRECTOR OF FINANCE & ADMIN	(i)	175,795.	0.	0.	18,000.	12,418.	206,213.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	DANIEL WHITMAN DIRECTOR OF DEVELOPMENT	(i)	150,441.	0.	0.	18,000.	28,293.	196,734.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	MICHAEL MCLEAN CONTROLLER	(i)	129,559.	0.	0.	0.	32,766.	162,325.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	VALARIE LAU-KEE LAI PRODUCING DIRECTOR	(i)	129,317.	0.	0.	0.	27,086.	156,403.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2017

Open to Public Inspection

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	15.	165,632.	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	179.	85,000.	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 isn't required to be used for exempt purposes for the entire holding period?	30a		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 nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2017 Open to Public Inspection

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

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS:

THE BOARD OF TRUSTEES IS COMPRISED OF PEOPLE IN THE INDUSTRY, SUCH AS PRODUCERS, ACTORS, PRESS AGENTS AND THEATER OWNERS, EACH OF WHICH COLLABORATE TO MAKE BCEFA FUNDRAISING POSSIBLE; ACCORDINGLY, THE FULL BOARD OF TRUSTEES CONDUCTS BUSINESS ACTIVITIES WITH EACH OTHER.

FORM 990, PART VI, SECTION B, LINE 11A:

APPROVAL OF FORM 990:

ONCE APPROVED BY MANAGEMENT, THE DRAFT FORM 990 IS ELECTRONICALLY CIRCULATED TO THE FULL BOARD OF TRUSTEES AND PROVIDED WITH A 10 DAY COMMENT PERIOD. QUESTIONS AND COMMENTS RECEIVED FROM TRUSTEES ARE SATISFACTORILY ADDRESSED PRIOR TO THE ELECTRONIC FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINES 12B AND 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.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

DETERMINATION OF COMPENSATION:

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

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

FORM 990, 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 9:
OTHER CHANGES IN NET ASSETS:
PENSION-RELATED CHANGES OTHER THAN PERIODIC COSTS: $290,250

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) TO PROMOTE AND ENCOURAGE PUBLIC SUPPORT FOR NATIONAL AND INTERNATIONAL PROGRAMS AND SERVICES WHICH BENEFIT PEOPLE WITH

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

Employer identification number: 13-3458820

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 2

FORM 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