

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 09/30, 2019

Form sections B through K: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes a 'COPY FOR PUBLIC INSPECTION' box.

Part II Signature Block

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

Signature block form with fields for Sign Here (Signature of officer, Date, Type or print name and title), Paid Preparer (Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN), and Use Only (Firm's name, Firm's EIN, Firm's address, Phone no.).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	13-3458820
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	165 WEST 46TH STREET 1300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10036	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LARRY COOK DIRECTOR OF FINANCE

• The books are in the care of ▶ 165 WEST 46TH STREET SUITE 1300 NEW YORK NY 10036

Telephone No. ▶ 212 840-0770 Fax No. ▶ 212 840-0551

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/17, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or
▶ tax year beginning 10/01, 2018, and ending 09/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

4a (Code:) (Expenses \$ 14,814,198. including grants of \$ 14,814,198.) (Revenue \$)

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 \$ 5,511,376. 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 20,325,574.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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. 115		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (50), 1b (50), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 PRESIDENT	2.00 0.	X		X				0.	0.	0.
(2) PAUL LIBIN PRESIDENT EMERITUS	2.00 0.	X		X				0.	0.	0.
(3) IRA MONT FIRST VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(4) THOMAS SCHUMACHER EXECUTIVE VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(5) MARY MCCOLL SECOND VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(6) SHERRY COHEN THIRD VICE PRESIDENT	2.00 0.	X		X				0.	0.	0.
(7) JUDITH RICE SECRETARY	2.00 0.	X		X				0.	0.	0.
(8) PHILIP BIRSH TREASURER	2.00 0.	X		X				0.	0.	0.
(9) CORNELIUS BAKER TRUSTEE	2.00 0.	X						0.	0.	0.
(10) JOE BAKER TRUSTEE	2.00 0.	X						0.	0.	0.
(11) JOHN BARNES TRUSTEE	2.00 0.	X						0.	0.	0.
(12) SCOTT BARNES TRUSTEE	2.00 0.	X						0.	0.	0.
(13) JOSEPH BENINCASA TRUSTEE	2.00 0.	X						0.	0.	0.
(14) DAVID BINDER TRUSTEE	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CHRIS BONEAU ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
16) BARRY BROWN ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
17) KATE BURTON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
18) ROBERT CALLELY ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
19) KATHLEEN CHALFANT ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
20) GAVIN CREEL ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
21) ALAN CUMMING ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
22) GAVIN DARRAUGH ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
23) MICHAEL DAVID ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
24) MARIA DI DIA ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
25) PAUL DI DONATO ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,106,003.	0.	186,722.
d Total (add lines 1b and 1c)								1,106,003.	0.	186,722.

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SAM ELLIS ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(27) RICHARD FRANKEL ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(28) ROY HARRIS ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(29) RICHARD HESTER ----- PRESIDENT	2.00 ----- 0.	X						0.	0.	0.
(30) RICHARD JAY-ALEXANDER ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(31) CHERRY JONES ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(32) NATHAN LANE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(33) JAY LAUDATO ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(34) PETER LAWRENCE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(35) JOE MACHOTA ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(36) NANCY MAHON ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) KEVIN MCCOLLUM ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(38) TERRENCE MCNALLY ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(39) JERRY MITCHELL ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(40) BERNADETTE PETERS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(41) CHITA RIVERA ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(42) JORDAN ROTH ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(43) NICK SCANDALIOS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(44) ROBERT SCORE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(45) KATE SHINDLE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(46) PHILIP J. SMITH ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(47) CHARLOTTE ST. MARTIN ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DAVID STONE ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(49) TIM TOMPKINS ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(50) CHANNING WICKHAM ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(51) TOM VIOLA ----- EXECUTIVE DIRECTOR	40.00 ----- 0.			X			240,841.	0.	12,360.	
(52) LAWRENCE COOK ----- DIRECTOR OF FINANCE/ADMIN	40.00 ----- 0.			X			175,744.	0.	28,814.	
(53) DANIEL WHITMAN ----- DIRECTOR OF DEVELOPMENT	40.00 ----- 0.					X	159,532.	0.	50,590.	
(54) VALERIE LAU-KEE LAI ----- PRODUCING DIRECTOR	40.00 ----- 0.					X	138,490.	0.	33,175.	
(55) MICHAEL MCLEAN ----- CONTROLLER	40.00 ----- 0.					X	157,974.	0.	36,120.	
(56) LANE BEAUCHAMP ----- DIRECTOR OF COMMUNICATIONS	40.00 ----- 0.					X	127,303.	0.	23,240.	
(57) NATHAN HURLIN ----- PRODUCTION MANAGER	40.00 ----- 0.					X	106,119.	0.	2,423.	
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 **▶** 8

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,169,177.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	23,263,706.				
	g Noncash contributions included in lines 1a-1f: \$		118,991.				
	h Total. Add lines 1a-1f			25,432,883.			
	Program Service Revenue	2a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			56,518.			56,518.
	4 Income from investment of tax-exempt bond proceeds .			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			117,277.			
	c Gain or (loss)			118,991.			
	d Net gain or (loss)			-1,714.			-1,714.
	8a Gross income from fundraising events (not including \$ 2,169,177. of contributions reported on line 1c). See Part IV, line 18	a		808,771.			
	b Less: direct expenses	b		808,771.			
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a		0.			
b Less: direct expenses	b		0.				
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		313,540.				
b Less: cost of goods sold	b		242,776.				
c Net income or (loss) from sales of inventory			70,764.	8,532.	62,232.		
Miscellaneous Revenue	11a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			0.			
	12 Total revenue. See instructions.			25,558,451.	8,532.	62,232.	54,804.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,235,279.	14,235,279.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	578,919.	578,919.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	449,231.	359,231.	90,000.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,561,807.	2,170,635.	662,762.	728,410.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	655,568.	413,484.	123,032.	119,052.
9 Other employee benefits	854,131.	538,723.	160,297.	155,111.
10 Payroll taxes	316,139.	199,397.	59,331.	57,411.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	41,500.		41,500.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	140,839.	93,363.	33,418.	14,058.
12 Advertising and promotion	345,513.	162,193.	59,468.	123,852.
13 Office expenses	288,652.	127,648.	103,935.	57,069.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	890,077.	561,678.	167,128.	161,271.
17 Travel	208,408.	32,335.	23,363.	152,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	93,008.	54,745.	10,727.	27,536.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	35,958.	22,680.	6,748.	6,530.
23 Insurance	42,638.	26,893.	8,002.	7,743.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD COMMISSIONS	325,865.	199,327.	69,147.	57,391.
b PRODUCTION COSTS	970,427.	306,054.		664,373.
c PURCHASE OF THEATER TICKETS	69,444.	59,135.	10,309.	
d ONLINE PROCESSING FEES	69,915.	44,097.	13,121.	12,697.
e All other expenses _____	550,528.	139,758.	140,682.	270,088.
25 Total functional expenses. Add lines 1 through 24e	24,723,846.	20,325,574.	1,782,970.	2,615,302.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	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	733,078.	1	1,043,416.
	2 Savings and temporary cash investments	2,063,045.	2	3,654,647.
	3 Pledges and grants receivable, net	729,955.	3	330,919.
	4 Accounts receivable, net	86,621.	4	84,077.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	308,805.	8	330,133.
	9 Prepaid expenses and deferred charges	271,101.	9	241,728.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 563,756.		
	b Less: accumulated depreciation	10b 463,424.		
		81,151.	10c	100,332.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	88,731.	15	88,731.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,362,487.	16	5,873,983.	
Liabilities	17 Accounts payable and accrued expenses	194,016.	17	218,196.
	18 Grants payable	0.	18	651,000.
	19 Deferred revenue	171,054.	19	417,196.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	764,782.	25	1,686,585.
	26 Total liabilities. Add lines 17 through 25	1,129,852.	26	2,972,977.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,856,596.	27	2,455,991.
	28 Temporarily restricted net assets	376,039.	28	445,015.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,232,635.	33	2,901,006.
34 Total liabilities and net assets/fund balances	4,362,487.	34	5,873,983.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,558,451.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,723,846.
3	Revenue less expenses. Subtract line 2 from line 1	3	834,605.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,232,635.
5	Net unrealized gains (losses) on investments	5	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	-1,166,234.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,901,006.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,064,222.	21,051,146.	22,613,466.	24,247,343.	25,432,883.	114,409,060.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	21,064,222.	21,051,146.	22,613,466.	24,247,343.	25,432,883.	114,409,060.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,834,747.
6 Public support. Subtract line 5 from line 4						107,574,313.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	21,064,222.	21,051,146.	22,613,466.	24,247,343.	25,432,883.	114,409,060.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	615.	1,053.	8,394.	36,961.	56,518.	103,541.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18.	26.				44.
11 Total support. Add lines 7 through 10.						114,512,645.
12 Gross receipts from related activities, etc. (see instructions)					12	965,766.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	93.94%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.17%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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.)

Schedule of Contributors

2018

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

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(03) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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	_____ _____ _____	\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

13-3458820

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

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

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

Employer identification number
13-3458820

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

13-3458820

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2018

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		222,574.	165,393.	57,181.
d Equipment		151,564.	131,051.	20,513.
e Other		189,618.	166,980.	22,638.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				100,332.

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	1,686,585.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,686,585.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,790,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	50,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	242,776.
e	Add lines 2a through 2d	2e	293,376.
3	Subtract line 2e from line 1	3	25,497,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	61,009.
c	Add lines 4a and 4b	4c	61,009.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,558,451.

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

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

1	Total expenses and losses per audited financial statements	1	24,956,213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	50,600.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	242,776.
e	Add lines 2a through 2d	2e	293,376.
3	Subtract line 2e from line 1	3	24,662,837.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	61,009.
c	Add lines 4a and 4b	4c	61,009.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,723,846.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

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

SCHEDULE D, PART XI, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$242,776.

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

FEES PAID TO ON-LINE AUCTION SITE OF \$61,009 WERE NETTED AGAINST INCOME WITHIN THE FINANCIAL STATEMENTS, THEREFORE REVENUE IS GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$242,776.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

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? **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		423,257.
(2) NORTH AMERICA	0.	0.	GRANTMAKING		119,100.
(3) EUROPE	0.	0.	GRANTMAKING		36,562.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					578,919.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					578,919.

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

Schedule F (Form 990) 2018

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	30,000.				
(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	30,000.				
(7)			SUB-SAHARAN AFRICA	UNRESTRICTED	15,000.				
(8)			SUB-SAHARAN AFRICA	UNRESTRICTED	10,000.				
(9)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(10)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(11)			SUB-SAHARAN AFRICA	UNRESTRICTED	95,757.				
(12)			NORTH AMERICA	UNRESTRICTED	15,000.				
(13)			SUB-SAHARAN AFRICA	UNRESTRICTED	17,500.				
(14)			NORTH AMERICA	UNRESTRICTED	15,000.				
(15)			NORTH AMERICA	UNRESTRICTED	69,100.				
(16)			EUROPE/ICELAND/GREENLAND	UNRESTRICTED	36,562.				

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)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(2)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(3)			SUB-SAHARAN AFRICA	UNRESTRICTED	20,000.				
(4)			SUB-SAHARAN AFRICA	UNRESTRICTED	30,000.				
(5)									
(6)									
(7)									
(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 **20.**

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR FOREIGN GRANT-MAKING:

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

SCHEDULE F, PART I, LINE 3, COLUMN F

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? 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)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LIN6 16 N MARENGO AVE PASADENA, CA 91101	13-4353019	501 (C) (3)	10,000.				UNRESTRICTED
(2) A BETTER PLACE 232 EAST 84TH STREET NEW YORK, NY 10028	13-3645176	501 (C) (3)	15,000.				UNRESTRICTED
(3) A COMMUNITY RESOURCE NETWORK INC. 2 BLACKSMITH STREET LEBANON, NH 03766	22-3104237	501 (C) (3)	7,500.				UNRESTRICTED
(4) ABRAHAM IN MOTION P.O. BOX 986 NEW YORK, NY 10113	45-2929138	501 (C) (3)	10,000.				UNRESTRICTED
(5) AC CENTER/ TRILIUM HEALTH 259 MONROE AVE. ROCHESTER, NY 14607	16-1356734	501 (C) (3)	7,500.				UNRESTRICTED
(6) ACCESS NETWORK, INC. 5710 NORTH OKATIE HIGHWAY, SUITE B	57-0958723	501 (C) (3)	15,000.				UNRESTRICTED
(7) ACTORS' EQUITY FOUNDATION 165 W. 46TH STREET NEW YORK, NY 10036	13-2513378	501 (C) (3)	12,000.				UNRESTRICTED
(8) ADVOCATES FOR YOUTH 2000 M ST., NW, STE. 750	52-1173590	501 (C) (3)	10,000.				UNRESTRICTED
(9) AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH STREET, 2ND FLOOR	13-3749744	501 (C) (3)	7,500.				UNRESTRICTED
(10) AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 (C) (3)	15,000.				UNRESTRICTED
(11) AGMA EMERGENCY RELIEF FUND 1430 BROADWAY, 14TH FLOOR	13-6155701	501 (C) (3)	15,000.				UNRESTRICTED
(12) AID ATLANTA INC. 1605 PEACHTREE ST., NE ATLANTA, GA 30309	58-1537967	501 (C) (3)	7,500.				UNRESTRICTED

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AID UPSTATE 811 PENDLETON STREET, SUITE 10	57-0848637	501 (C) (3)	10,000.				UNRESTRICTED
(2) AIDS ACTION BALTIMORE, INC. 10 EAST EAGER STREET BALTIMORE, MD 21202	52-1512614	501 (C) (3)	10,000.				UNRESTRICTED
(3) AIDS ACTION COALITION OF HUNTSVILLE 600 ST. CLAIR AVE., BLDG 6 - STE. 14C	57-0889447	501 (C) (3)	7,500.				UNRESTRICTED
(4) AIDS ACTION COMMITTEE OF MASSACHUSETTS 75 AMORY STREET BOSTON, MA 02119-0000	22-2707246	501 (C) (3)	25,000.				UNRESTRICTED
(5) AIDS ALABAMA / AIDS ALABAMA SOUTH 4321 DOWNTOWNER LOOP NORTH MOBILE, AL 36609	58-1989250	501 (C) (3)	20,000.				UNRESTRICTED
(6) AIDS ASSISTANCE PROGRAM 1276 N. PALM CANYON DR., #108	33-0566442	501 (C) (3)	15,000.				UNRESTRICTED
(7) AIDS CARE OCEAN STATE 18 PARKIS AVENUE PROVIDENCE, RI 02907	22-2929749	501 (C) (3)	10,000.				UNRESTRICTED
(8) AIDS CIRCLE OF HOPE OF NORTH CENTRAL TEXAS PO BOX 1963 WICHITA FALLS, TX 76307-1963	75-2576568	501 (C) (3)	12,500.				UNRESTRICTED
(9) AIDS COMMUNITY RESOURCES, INC. 627 WEST GENESEE ST. SYRACUSE, NY 13204	16-1359060	501 (C) (3)	8,500.				UNRESTRICTED
(10) AIDS CONNECTICUT 110 BARTHOLOMEW AVE., STE. #3050	22-3014883	501 (C) (3)	12,500.				UNRESTRICTED
(11) AIDS DELAWARE 100 W. 10TH ST., #315 WILMINGTON, DE 19801	22-2805481	501 (C) (3)	7,500.				UNRESTRICTED
(12) AIDS FOUNDATION HOUSTON, INC. 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501 (C) (3)	25,000.				UNRESTRICTED

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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) AIDS FOUNDATION OF CHICAGO - HIV PREVENTION 200 WEST JACKSON BLVD., SUITE 2200	36-3412054	501 (C) (3)	35,000.				UNRESTRICTED
(2) AIDS HELP, INC. 1434 KENNEDY DRIVE -- GORDON ROLLINS CENTER	59-2678740	501 (C) (3)	7,500.				UNRESTRICTED
(3) AIDS INSTITUTE 17 DAVIS BLVD., SUITE 403 TAMPA, FL 33606	65-0380952	501 (C) (3)	25,000.				UNRESTRICTED
(4) AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT STREET, SUITE 600	23-2576149	501 (C) (3)	7,500.				UNRESTRICTED
(5) AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE (AL) 1120 FAIRGROVE CHURCH ROAD SE, SUITE 28	58-1842529	501 (C) (3)	7,500.				UNRESTRICTED
(6) AIDS MINISTRIES/AIDS ASSIST OF NORTH INDIAN 201 S. WILLIAM STREET SOUTH BEND, IN 46601	35-1902136	501 (C) (3)	7,500.				UNRESTRICTED
(7) AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111	75-2139336	501 (C) (3)	12,500.				UNRESTRICTED
(8) AIDS PARTNERSHIP MICHIGAN/UNIFIED-HIV HEALT 311 W. GRAND BLVD., #230 DETROIT, MI 48202	38-2464851	501 (C) (3)	10,000.				UNRESTRICTED
(9) AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DRIVE	95-3842506	501 (C) (3)	10,000.				UNRESTRICTED
(10) AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511	22-2506184	501 (C) (3)	15,000.				UNRESTRICTED
(11) AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET BRATTLEBORO, VT 05302	22-2950456	501 (C) (3)	7,500.				UNRESTRICTED
(12) AIDS PROJECT OF THE OZARKS 1636 S. GLENSTONE, STE. 100	43-1421252	501 (C) (3)	7,500.				UNRESTRICTED

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(1) AIDS PROJECT RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0417440	501 (C) (3)	17,500.				UNRESTRICTED
(2) AIDS RESOURCE CENTER OF WISCONSIN, INC. 820 N. PLANKINTON AVE., MILWAUKEE, WI 53203	39-1534049	501 (C) (3)	28,500.				UNRESTRICTED
(3) AIDS RESOURCE COUNCIL, INC. 315 WEST 10TH STREET, STE. 112	58-2272225	501 (C) (3)	7,500.				UNRESTRICTED
(4) AIDS RESPONSE SEACOAST 1 JUNKINS AVENUE, 4TH FLOOR	22-2884488	501 (C) (3)	7,500.				UNRESTRICTED
(5) AIDS SERVICE ASSOCIATION OF PINELLAS, INC. 3050 1ST AVENUE SOUTH	59-2862537	501 (C) (3)	7,500.				UNRESTRICTED
(6) AIDS SERVICE CENTER OF LOWER MANHATTAN 64 W. 35TH ST., 3RD FLOOR	13-3562071	501 (C) (3)	7,500.				UNRESTRICTED
(7) AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501 (C) (3)	10,000.				UNRESTRICTED
(8) AIDS SERVICES FOUNDATION ORANGE COUNTY (ASF) 17982 SKY PARK CIRCLE, SUITE J	33-0126481	501 (C) (3)	10,000.				UNRESTRICTED
(9) AIDS SERVICES OF AUSTIN INC. 7215 CAMERON ROAD AUSTIN, TX 78762	74-2440845	501 (C) (3)	7,500.				UNRESTRICTED
(10) AIDS SERVICES OF DALLAS PO BOX 4338 DALLAS, TX 75208	75-2144518	501 (C) (3)	7,500.				UNRESTRICTED
(11) AIDS UNITED 1424 K STREET, SUITE 200	52-1706646	501 (C) (3)	35,000.				UNRESTRICTED
(12) ALASKAN AIDS ASSISTANCE ASSOCIATION 1057 WEST FIREWEED LANE, STE. 102	92-0113788	501 (C) (3)	7,500.				UNRESTRICTED

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Employer identification number

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(1) ALBANY DAMIEN CENTER 646 STATE STREET ALBANY, NY 12203	22-3108995	501 (C) (3)	17,500.				UNRESTRICTED
(2) ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, I PO BOX 25445 ALBUQUERQUE, NM 87125-0445	85-0368993	501 (C) (3)	7,500.				UNRESTRICTED
(3) ALI FORNEY CENTER 527 W. 22ND ST., 1ST FL NEW YORK, NY 10011	30-0104507	501 (C) (3)	10,500.				UNRESTRICTED
(4) ALIVENESS PROJECT 730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501 (C) (3)	10,000.				UNRESTRICTED
(5) ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1245514	501 (C) (3)	7,500.				UNRESTRICTED
(6) ALLIES FOR HEALTH & WELLBEING 59113 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	20,000.				UNRESTRICTED
(7) AMFAR, THE FOUNDATION FOR AIDS RESEARCH 120 WALL STREET, 13TH FLOOR	13-3163817	501 (C) (3)	50,000.				UNRESTRICTED
(8) AMPLEHARVEST.ORG 23 CLOVER ROAD NEWFOUNDLAND, NJ 07435	27-2433274	501 (C) (3)	15,000.				UNRESTRICTED
(9) APEX COMMUNITY CARE 30 WEST STREET DANBURY, CT 06810	22-2951387	501 (C) (3)	7,500.				UNRESTRICTED
(10) ARTISTS STRIVING TO END POVERTY, INC. C/O MARY-MITCHELL CAMPBELL 165 W. 46TH ST.	20-4532991	501 (C) (3)	187,132.				UNRESTRICTED
(11) ASIAN & PACIFIC ISLANDER COALITION ON HIV/A 400 BROADWAY NEW YORK, NY 10013	13-3706365	501 (C) (3)	7,500.				UNRESTRICTED
(12) ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT 2400 MOORPARK AVENUE, SUITE 300	94-2292491	501 (C) (3)	10,000.				UNRESTRICTED

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(1) ASIAN PACIFIC AIDS INTERVENTION TEAM (APAIT) 1730 W. OLYMPIC BLVD., STE. #300	95-1716914	501 (C) (3)	7,500.				UNRESTRICTED
(2) ASPIRE INDIANA HEALTH 9615 E. 148TH ST., STE. 1	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)	20,000.				UNRESTRICTED
(5) BEHIND THE SCENES FOUNDATION 630 9TH AVE., STE. 609 NEW YORK, NY 10036	38-3715781	501 (C) (3)	25,000.				UNRESTRICTED
(6) BEING ALIVE SAN DIEGO 3940 FOURTH AVE., STE. #130	33-0439092	501 (C) (3)	10,000.				UNRESTRICTED
(7) BETANCES HEALTH UNIT INC. 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501 (C) (3)	7,500.				UNRESTRICTED
(8) BIENSTAR HUMAN SERVICES 5326 EAST BEVERLY BOULEVARD	65-4505737	501 (C) (3)	10,000.				UNRESTRICTED
(9) BIG BEND CARES 2201 SOUTH MONROE STREET	59-2816580	501 (C) (3)	7,500.				UNRESTRICTED
(10) BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 WAR, WV 24892	55-0710393	501 (C) (3)	10,000.				UNRESTRICTED
(11) BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00940	66-0493399	501 (C) (3)	25,000.				UNRESTRICTED
(12) BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501 (C) (3)	10,000.				UNRESTRICTED

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(1) BLACK AIDS INSTITUTE 1833 WEST EIGHTH STREET, SUITE 200	95-4742741	501 (C) (3)	36,000.				UNRESTRICTED
(2) BLOOMINGTON POSITIVE LINK/ INDIANA UNIVERSI 333 E. MILLER DRIVE BLOOMINGTON, IN 47401	35-1720796	501 (C) (3)	7,500.				UNRESTRICTED
(3) BLUE MOUNTAIN HEART TO HEART 2316 EASTGATE ST., STE. 105	91-1527239	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 STREET BOULDER, CO 80302	74-2442032	501 (C) (3)	7,500.				UNRESTRICTED
(6) BRENTWOOD COMMUNITY FOUNDATION 13033 LANDMARK STREET HOUSTON, TX 77045	76-0454398	501 (C) (3)	7,500.				UNRESTRICTED
(7) BROADWAY ADVOCACY COALITION 250 WEST 99TH STREET, #6A	82-3374845	501 (C) (3)	10,000.				UNRESTRICTED
(8) BROADWAY DANCE LAB 433 W. 34TH ST., STE. 19A	46-2689988	501 (C) (3)	16,250.				UNRESTRICTED
(9) BROADWAY INSPIRATIONAL VOICES LLC 224 W. 30TH ST. #1006 NEW YORK, NY 10011	06-1592825	501 (C) (3)	10,000.				UNRESTRICTED
(10) BRONX AIDS SVCS., INC./BOOM! HEALTH HARM REDUCTION CTR., 540 E. FORDHAM RD.	13-3599121	501 (C) (3)	25,000.				UNRESTRICTED
(11) BROOKLYN COMMUNITY PRIDE CENTER 1360 FULTON ST., GROUND FLOOR	26-2214534	501 (C) (3)	10,000.				UNRESTRICTED
(12) BYWATER CHURCH OF CHRIST/CHRISTIAN OUTREACH PO BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501 (C) (3)	22,500.				UNRESTRICTED

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(1) CALLEN-LORDE/NAT'L COALITION FOR LGBT HEALT 1325 MASSACHUSETTS AVE., NW, STE. 705	13-3409680	501 (C) (3)	35,000.				UNRESTRICTED
(2) CANCER SUPPORT COMMUNITY 734 15TH STREET NW, STE. 300	95-4163931	501 (C) (3)	27,575.				UNRESTRICTED
(3) CANDII/LGBT LIFE CENTER 222 W. 21ST STREET, STE. F-38	54-1545157	501 (C) (3)	7,500.				UNRESTRICTED
(4) CARACOLE, INC. 1821 SUMMIT ROAD, STE. 001	31-1210524	501 (C) (3)	12,500.				UNRESTRICTED
(5) CARE RESOURCE/COMMUNITY AIDS RESOURCE INC. 3510 BISCAYNE BLVD, SUITE 209, 3RD FLOOR	59-2564198	501 (C) (3)	7,500.				UNRESTRICTED
(6) CARING COMMUNITIES FOR AIDS 301A W. THIRD STREET BERWICK, PA 18603	23-2815476	501 (C) (3)	7,500.				UNRESTRICTED
(7) CARITAS HOUSE, INC. 391 SCOTT AVENUE MORGANTOWN, WV 26508	55-0743418	501 (C) (3)	12,500.				UNRESTRICTED
(8) CASA DE ESPERANZA DE LOS NINOS, INC. PO BOX 66581 HOUSTON, TX 77266-6581	76-0106306	501 (C) (3)	10,000.				UNRESTRICTED
(9) CASCADE AIDS PROJECT, INC. 208 SW FIFTH AVE., SUITE 800	93-0903383	501 (C) (3)	7,500.				UNRESTRICTED
(10) CEDAR VALLEY HOSPICE 2101 KIMBALL AVE., STE. 401	42-1135294	501 (C) (3)	7,500.				UNRESTRICTED
(11) CENTER FOR HEALTH JUSTICE 900 AVILA STREET, SUITE 301	42-1605887	501 (C) (3)	10,000.				UNRESTRICTED
(12) CENTER FOR INTEGRATED THERAPIES 11002 DETROIT AVENUE CLEVELAND, OH 44102	48-1290710	501 (C) (3)	7,500.				UNRESTRICTED

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(1) CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712	23-3253558	501 (C) (3)	20,000.				UNRESTRICTED
(2) CENTRAL BAPTIST CHURCH OF BEARDEN/ SAMARITA 6300 DEANE HILL DR., KNOXVILLE, TN 37919	11-1111111	CHURCH	7,500.				UNRESTRICTED
(3) CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, I 1902 WEST COLONIAL DRIVE ORLANDO, FL 32804	59-3338309	501 (C) (3)	15,000.				UNRESTRICTED
(4) CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH STREET ALEXANDRIA, LA 71301	72-1097079	501 (C) (3)	7,500.				UNRESTRICTED
(5) CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. 18200 PAULSON DRIVE, UNIT A-1	65-0498294	501 (C) (3)	10,000.				UNRESTRICTED
(6) CHASE BREXTON HEALTH SERVICES 1001 CATHEDRAL ST., BUILDING B	52-1638592	501 (C) (3)	20,000.				UNRESTRICTED
(7) CHELSEA RECOVERY CLUBHOUSE P.O. BOX 169 NEW YORK, NY 10113	20-5478541	501 (C) (3)	10,000.				UNRESTRICTED
(8) CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBOURN, SUITE 401	36-3376432	501 (C) (3)	70,500.				UNRESTRICTED
(9) CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501 (C) (3)	15,000.				UNRESTRICTED
(10) CHILDREN OF PARENTS WITH AIDS, INC. (COPWA) COLLEGE STATION NEW YORK, NY 10030-0602	13-3893391	501 (C) (3)	7,500.				UNRESTRICTED
(11) CHILDREN'S PLACE ASSOCIATION 1436 W. RANDOPH, FFIFTH FLOOR	36-3641017	501 (C) (3)	7,500.				UNRESTRICTED
(12) CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202592	501 (C) (3)	25,000.				UNRESTRICTED

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Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRISTIE'S PLACE 2440 THIRD AVE. SAN DIEGO, CA 92101	91-1878632	501 (C) (3)	7,500.				UNRESTRICTED
(2) CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 PAHOKEE, FL 33476	65-1079385	501 (C) (3)	22,500.				UNRESTRICTED
(3) CHURCH OF THE HOLY APOSTLES/ HOLY APOSTLES 296 NINTH AVENUE NEW YORK, NY 10001	13-2892297	501 (C) (3)	15,000.				UNRESTRICTED
(4) CITYMEALS - ON - WHEELS 355 LEXINGTON AVE., NEW YORK, NY 10017	13-3634381	501 (C) (3)	35,000.				UNRESTRICTED
(5) CLARE HOUSING/ CLARE HOUSE 929 CENTRAL AVE., NE MINNEAPOLIS, MN 55413	41-1794924	501 (C) (3)	10,000.				UNRESTRICTED
(6) COALITION ON AIDS IN PASSAIC COUNTY, INC. 100 HAMILTON PLAZA, SUITE 1406	22-2855342	501 (C) (3)	7,500.				UNRESTRICTED
(7) COLORADO HEALTH NETWORK/ COLORADO AIDS PROJ 2490 W. 26TH AVE., #300A DENVER, CO 80211	84-0961159	501 (C) (3)	20,000.				UNRESTRICTED
(8) COLUMBIA CARES, INC. 1202-8B SO. JAMES CAMPBELL BLVD.	62-1513020	501 (C) (3)	10,000.				UNRESTRICTED
(9) COLUMBUS WELLNESS CENTER OUTREACH AND PREVE 1220 WILDWOOD AVE. COLUMBUS, GA 31906	58-2187837	501 (C) (3)	7,500.				UNRESTRICTED
(10) COMMUNITY AIDS NETWORK 895 NORTH MAIN ST. AKRON, OH 44310-2123	31-1506671	501 (C) (3)	10,000.				UNRESTRICTED
(11) COMMUNITY AIDS RESOURCE & EDUCATION SVCS. () 629 PIONEERS ST., STE. 200	38-2784545	501 (C) (3)	7,500.				UNRESTRICTED
(12) COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895	05-0259103	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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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(1) COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT STREET DETROIT, MI 48226	38-2704374	501 (C) (3)	15,000.				UNRESTRICTED
(2) COMMUNITY HOSPICE 47 LIBERTY STREET CATSKILL, NY 12414	22-2692940	501 (C) (3)	7,500.				UNRESTRICTED
(3) COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 (C) (3)	10,000.				UNRESTRICTED
(4) COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501 (C) (3)	40,000.				UNRESTRICTED
(5) COMUNIDAD PARA ENVEJECIENTES SUENOS DORADOS HC 7 PO BOX 98290 ARECIBO, PR 00612	11-1111111	OTHER	12,500.				UNRESTRICTED
(6) COVENANT HOUSE, INC. 600 SHREWSBURY STREET CHARLESTON, WV 25301	31-1015583	501 (C) (3)	50,500.				UNRESTRICTED
(7) DAMIEN CENTER 26 NORTH ARSENAL AVENUE	35-1711878	501 (C) (3)	18,500.				UNRESTRICTED
(8) DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 (C) (3)	30,000.				UNRESTRICTED
(9) DAVID LYNCH FDTN FOR CONSCIOUSNESS 228 E. 45TH ST., 15TH FLOOR	83-0436453	501 (C) (3)	7,500.				UNRESTRICTED
(10) DELAWARE HIV CONSORTIUM, INC. 100 WEST 10TH ST WILMINGTON, DE 19801	51-0348892	501 (C) (3)	7,500.				UNRESTRICTED
(11) DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY	33-0068583	501 (C) (3)	10,000.				UNRESTRICTED
(12) DIASPORA COMMUNITY SVCS./HAITIAN WOMEN'S PR 182 FOURTH AVE., BROOKLYN, NY 11217	11-3122295	501 (C) (3)	7,500.				UNRESTRICTED

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(1) DNDI 40 RECTOR ST., 16TH FLOOR	20-8774179	501 (C) (3)	10,000.				UNRESTRICTED
(2) DOCTORS WITHOUT BORDERS / MEDECINS SANS FRO 333 SEVENTH AVENUE, 2ND FLOOR	13-3433452	501 (C) (3)	10,000.				UNRESTRICTED
(3) DOWNTOWN EMERGENCY SERVICE CENTER 515 THIRD AVENUE SEATTLE, WA 98104	91-1275815	501 (C) (3)	7,500.				UNRESTRICTED
(4) EAC NETWORK 50 CLINTON STREET, STE. 107	23-7175609	501 (C) (3)	7,500.				UNRESTRICTED
(5) ECUMENICAL MINISTRIES OF OREGON 2941 NE AINSWORTH ST. PORTLAND, OR 97211	93-0625359	501 (C) (3)	10,000.				UNRESTRICTED
(6) EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVENUE CINCINNATI, OH 45219	31-0743605	501 (C) (3)	15,000.				UNRESTRICTED
(7) ELM PROJECT 88 HAMILTON AVE., STAMFORD, CT 06902	06-1431690	501 (C) (3)	6,500.				UNRESTRICTED
(8) EMPOWER U, INC. 8309 NW 22ND AVE. MIAMI, FL 33147	65-0899207	501 (C) (3)	7,500.				UNRESTRICTED
(9) ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD. SANTA CRUZ, CA 95060	77-0129193	501 (C) (3)	7,500.				UNRESTRICTED
(10) ENCORE COMMUNITY SERVICES 239 W. 49TH STREET NEW YORK, NY 10019	13-3104293	501 (C) (3)	20,000.				UNRESTRICTED
(11) EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH STREET NEW YORK, NY 10016-7405	13-5563397	501 (C) (3)	15,000.				UNRESTRICTED
(12) EQUALITY FOUNDATION OF GEORGIA, INC. / COUNT 1530 DEKALB AVE., NE ATLANTA, GA 30307	58-2346744	501 (C) (3)	15,000.				UNRESTRICTED

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(1) EVERY NATION CHURCHES/ EVERY NATION NEW YORK 31 W. 34TH ST., STE. 8003	33-0749629	501 (C) (3)	7,500.				UNRESTRICTED
(2) EXPONENTS, INC. 151 WEST 26TH STREET, 3RD FLOOR	13-3572677	501 (C) (3)	20,000.				UNRESTRICTED
(3) FACE TO FACE SONOMA COUNTY AIDS NETWORK 873 SECOND STREET SANTA ROSA, CA 95404	68-0052664	501 (C) (3)	7,500.				UNRESTRICTED
(4) FACT BUCKS COUNTY P O BOX 72 NEW HOPE, PA 18938	23-2504602	501 (C) (3)	7,500.				UNRESTRICTED
(5) FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133	52-1438544	501 (C) (3)	35,000.				UNRESTRICTED
(6) FAMILY SERVICE OF WESTCHESTER: CAMP VIVA ONE GATEWAY PLAZA, 4TH FLOOR	13-1773419	501 (C) (3)	6,500.				UNRESTRICTED
(7) FEEDING AMERICA TAMPA BAY INC./ FEEDING TAM 4702 TRANSPORT DR., BLDG 6 TAMPA, FL 33605	59-2116576	501 (C) (3)	20,000.				UNRESTRICTED
(8) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501 (C) (3)	25,000.				UNRESTRICTED
(9) FLAMBOYAN FOUNDATION, INC. 1730 MASSACHUSETTS AVE., NW	20-8924675	501 (C) (3)	250,000.				UNRESTRICTED
(10) FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501 (C) (3)	40,000.				UNRESTRICTED
(11) FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501 (C) (3)	35,000.				UNRESTRICTED
(12) FOOD BANK OF NORTH CENTRAL ARKANSAS 1042 HIGHLAND CIRCLE	58-1881897	501 (C) (3)	15,000.				UNRESTRICTED

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(1) FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501 (C) (3)	12,500.				UNRESTRICTED
(2) FOOD OUTREACH INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501 (C) (3)	40,000.				UNRESTRICTED
(3) FORTUNE SOCIETY 29-76 NORTHERN BLVD.	13-2645436	501 (C) (3)	15,000.				UNRESTRICTED
(4) FRACTURED ATLAS 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 (C) (3)	60,409.				UNRESTRICTED
(5) FRANNIE PEABODY CENTER 30 DANFORTH STREET, SUITE 311	01-0416974	501 (C) (3)	10,000.				UNRESTRICTED
(6) FRATERNITE NOTRE DAME, INC. 2290 FIRST AVENUE NEW YORK, NY 10035	13-3600714	501 (C) (3)	10,000.				UNRESTRICTED
(7) FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501 (C) (3)	10,000.				UNRESTRICTED
(8) FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 (C) (3)	15,000.				UNRESTRICTED
(9) FUND FOR THE CITY OF NY. INC./ SISTERHOOD M 158 E. 115TH ST., NEW YORK, NY 10029	13-4020958	501 (C) (3)	15,000.				UNRESTRICTED
(10) FUNDACION LATINO AMERICANA CONTRA EL SIDA I 6666 HARWIN DRIVE, SUITE 370	76-0430109	501 (C) (3)	10,000.				UNRESTRICTED
(11) FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DRIVE, STE. 700	13-3869632	501 (C) (3)	35,000.				UNRESTRICTED
(12) GAY MEN'S HEALTH CRISIS 446 WEST 33RD STREET NEW YORK, NY 10001	13-3130146	501 (C) (3)	87,040.				UNRESTRICTED

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(1) GLSEN 110 WILLIAM ST., 30TH FLOOR	04-3234202	501 (C) (3)	10,000.				UNRESTRICTED
(2) GO CARE (GREATER OUACHITA PROVIDING AIDS RE 1801 NORTH 7TH, SUITE A	72-1136639	501 (C) (3)	12,500.				UNRESTRICTED
(3) GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS	13-3366846	501 (C) (3)	40,000.				UNRESTRICTED
(4) GOLDEN RAINBOW OF NEVADA INC. 714 E. SAHARA AVE., STE. 101	94-3092947	501 (C) (3)	12,500.				UNRESTRICTED
(5) GRAHAM WINDHAM 33 IRVING PLACE NEW YORK, NY 10003	13-2926426	501 (C) (3)	45,000.				UNRESTRICTED
(6) GRIOT CIRCLE 25 FLATBUSH AVE., 5TH FLOOR	11-3364328	501 (C) (3)	7,500.				UNRESTRICTED
(7) HARM REDUCTION ACTION COALITION 22W. 27TH ST., 9TH FLOOR NEW YORK, NY 10001	94-3204958	501 (C) (3)	20,000.				UNRESTRICTED
(8) HAWAII HEALTH & HARM REDUCTION 677 ALA MOANA BLVD., #226	99-0230542	501 (C) (3)	7,500.				UNRESTRICTED
(9) HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST. DETROIT, MI 48216	38-2719621	501 (C) (3)	25,000.				UNRESTRICTED
(10) HEALTH GLOBAL ACCESS 429 W. 127TH ST, 2ND FL NEW YORK, NY 10027	20-5053765	501 (C) (3)	20,000.				UNRESTRICTED
(11) HEALTH OUTREACH PREVENTION EDUCATION, INC. 3540 EAST 31ST ST TULSA, OK 74135	73-1537952	501 (C) (3)	7,500.				UNRESTRICTED
(12) HEALTH SERVICES CENTER, INC. PO BOX 1347 ANNISTON, AL 36202	63-0993592	501 (C) (3)	10,000.				UNRESTRICTED

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(1) HEALTH TRUST AIDS SERVICES 3180 NEWBERRY DR., STE 200	94-6050231	501 (C) (3)	10,000.				UNRESTRICTED
(2) HEARTLAND HEALTH OUTREACH/VITAL BRIDGES 208 S LASALLE ST., STE. 1300	36-3775696	501 (C) (3)	10,000.				UNRESTRICTED
(3) HEIGHTS HILL MENTAL HEALTH SERVICE/ RAINBOW 25 FLATBUSH AVE., 3RD FLOOR	94-6050231	501 (C) (3)	10,000.				UNRESTRICTED
(4) HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501 (C) (3)	20,000.				UNRESTRICTED
(5) HILLSDALE UNITED METHODIST CHURCH/ ROE JAN 9 STATE ROAD 22 HILLSDALE, NY 12529	14-6024562	501 (C) (3)	7,500.				UNRESTRICTED
(6) HISPANIC AIDS FORUM 1767 PARK AVENUE, 5TH FLOOR	13-3422748	501 (C) (3)	10,000.				UNRESTRICTED
(7) HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR	13-3573852	501 (C) (3)	250,000.				UNRESTRICTED
(8) HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403-1933	93-0963546	501 (C) (3)	7,500.				UNRESTRICTED
(9) HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE NEW YORK, NY 10001	13-2892297	501 (C) (3)	20,000.				UNRESTRICTED
(10) HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE., STE. C	71-0778076	501 (C) (3)	20,000.				UNRESTRICTED
(11) HOUSING OPPORTUNITIES FOR WOMEN (HOW) 1607 W. HOWARD STREET, 2ND FLOOR	36-3263818	501 (C) (3)	7,500.				UNRESTRICTED
(12) HOUSING WORKS, INC. /PREVENTION ACCESS CAMP 57 WILLOUGHBY STREET, 2ND FLOOR	13-3584089	501 (C) (3)	75,000.				UNRESTRICTED

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(1) HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501 (C) (3)	20,000.				UNRESTRICTED
(2) HUDSON VALLEY COMMUNITY SERVICES 40 SAW MILL RIVER ROAD HAWTHORNE, NY 10532	13-3322100	501 (C) (3)	10,000.				UNRESTRICTED
(3) HUDSON VALLEY LGBTQ COMM CENTER 300 WALL STREET, P.O. BOX 3994	20-3721531	501 (C) (3)	17,500.				UNRESTRICTED
(4) HYACINTH AIDS FOUNDATION 317 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-2648820	501 (C) (3)	10,000.				UNRESTRICTED
(5) IDENTITY HOUSE 11 SAINT MARKS AVE., APT. 3L	13-3002230	501 (C) (3)	12,500.				UNRESTRICTED
(6) INCARNATION CHILDREN'S CENTER/FRIENDS OF IC 142 AUDUBON AVENUE NEW YORK, NY 10032	13-3853340	501 (C) (3)	10,000.				UNRESTRICTED
(7) INDIANA RECOVERY ALLIANCE PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501 (C) (3)	10,000.				UNRESTRICTED
(8) INTERFAITH AIDS MINISTRY OF GREATER DANBURY 39 ROSE STREET DANBURY, CT 06810	06-1314001	501 (C) (3)	10,000.				UNRESTRICTED
(9) INTERFAITH RESIDENCE/ DOORWAYS 4385 MARYLAND AVE., ST. LOUIS, MO 63108	43-1484279	501 (C) (3)	10,000.				UNRESTRICTED
(10) INTERNATIONAL DOCUMENTARY ASSOCIATION 3470 WILSHIRE BLVD., #980	95-3911227	501 (C) (3)	15,000.				UNRESTRICTED
(11) IOWA HARM REDUCTION CENTER 1216 2ND AVENUE SE CEDAR RAPIDS, IA 52403	82-1864287	501 (C) (3)	10,000.				UNRESTRICTED
(12) IRIS HOUSE 2348 ADAM CLAYTON POWELL JR. BLVD.	13-3699201	501 (C) (3)	25,000.				UNRESTRICTED

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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.

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(1) JASMYN- JACKSONVILLE AREA SEXUAL MINORITY Y P.O. BOX 380103 JACKSONVILLE, FL 32204	59-3284175	501 (C) (3)	10,000.				UNRESTRICTED
(2) JERUSALEM HOUSE, INC. 17 EXECUTIVE PARK DR. NE, STE. 290	58-1829807	501 (C) (3)	7,500.				UNRESTRICTED
(3) JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84-0402701	501 (C) (3)	7,500.				UNRESTRICTED
(4) JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501 (C) (3)	20,000.				UNRESTRICTED
(5) KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 (C) (3)	10,000.				UNRESTRICTED
(6) KATZ JEWISH COMMUNITY CENTER 1301 SPRINGDALE ROAD CHERRY HIL, NY 08003	21-0634489	501 (C) (3)	10,000.				UNRESTRICTED
(7) KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501 (C) (3)	20,000.				UNRESTRICTED
(8) LA COUNTY ANIMAL CARE FOUNDATION P.O. BOX 100515 PASADENA, CA 91889	95-3909782	501 (C) (3)	25,000.				UNRESTRICTED
(9) LA JEWISH AIDS SVCS./PROJECT CHICKEN SOUP P.O. BOX 480241 LOS ANGELES, CA 90048	95-4232540	501 (C) (3)	15,000.				UNRESTRICTED
(10) LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC. 120 WALL STREET, STE. 1500	23-7395681	501 (C) (3)	15,000.				UNRESTRICTED
(11) LANSING AREA AIDS NETWORK 913 W. HOLMES RD., SUITE 115	38-2791807	501 (C) (3)	7,500.				UNRESTRICTED
(12) LATINO COMMISSION ON AIDS 24 W. 25TH ST., 9TH FLOOR	13-3629466	501 (C) (3)	27,500.				UNRESTRICTED

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(1) LATINOS SALUD 2330 WILTON DRIVE WILTON MANORS, FL 33305	26-2763535	501 (C) (3)	7,500.				UNRESTRICTED
(2) LEGACY COUNSELING CENTER 4054 MCKINNEY AVE., STE. 102	75-2296536	501 (C) (3)	15,000.				UNRESTRICTED
(3) LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 (C) (3)	10,000.				UNRESTRICTED
(4) LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUN 208 WEST 13TH STREET NEW YORK, NY 10011	13-3217805	501 (C) (3)	219,055.				UNRESTRICTED
(5) LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE STREET, FLOOR 2	22-2849124	501 (C) (3)	7,500.				UNRESTRICTED
(6) LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	22,500.				UNRESTRICTED
(7) LIFELONG AIDS ALLIANCE 1002 EAST SENECA STREET SEATTLE, WA 98122	91-1215715	501 (C) (3)	40,000.				UNRESTRICTED
(8) LOCAL 802 SENIOR MUSICIANS ASSOCIATION LOCAL 802, AFM, 322 WEST 48TH STREET	13-6226520	501 (C) (3)	25,000.				UNRESTRICTED
(9) LOS ANGELES FIRE DEPT. FOUADATION 1875 CENTURY PARK EAST, #200	27-2007326	501 (C) (3)	100,000.				UNRESTRICTED
(10) LOS ANGELES LGBT COMMUNITY SERVICES CENTER 1625 NORTH SCHRADER BLVD.	95-3567895	501 (C) (3)	20,000.				UNRESTRICTED
(11) LOVING FOOD RESOURCES 123 KENILWORTH ROAD ASHEVILLE, NC 28803	56-1823591	501 (C) (3)	20,000.				UNRESTRICTED
(12) LUTHERAN SOCIAL SERVICES OF THE NATIONAL CA 4406 GEORGIA AVENUE NW WASHINGTON, DC 20011	53-0207407	501 (C) (3)	7,500.				UNRESTRICTED

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(1) MAITRI 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	94-3189198	501 (C) (3)	20,000.				UNRESTRICTED
(2) MAMA'S KITCHEN, INC. 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501 (C) (3)	40,000.				UNRESTRICTED
(3) MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501 (C) (3)	10,000.				UNRESTRICTED
(4) MATTHEW 25 FOOD PANTRY 86 W. BRIDGE STREET CATSKILL, NY 12414	30-0564242	501 (C) (3)	7,500.				UNRESTRICTED
(5) MAZZONI CENTER 21 SOUTH 12TH STREET, 12TH FLOOR	23-2176338	501 (C) (3)	20,000.				UNRESTRICTED
(6) MEDICARE RIGHTS CENTER - ACTORS FUND 520 EIGHTH AVENUE NEW YORK, NY 10018	13-3505372	501 (C) (3)	60,000.				UNRESTRICTED
(7) METROPOLITAN AIDS NEIGHBORHOOD NUTRITION AL 2323 RANSTEAD STREETM	23-2586142	501 (C) (3)	40,000.				UNRESTRICTED
(8) METROPOLITAN COMMUNITY CHURCH OF NY(MCCNY) 446 W. 36TH ST., NEW YORK, NY 10018	13-4230871	501 (C) (3)	33,500.				UNRESTRICTED
(9) METROPOLITAN INTERDENOMINATIONAL CHURCH FIR PO BOX 280779 NASHVILLE, TN 37229-0779	62-1100022	501 (C) (3)	10,000.				UNRESTRICTED
(10) MIDLAND/ODESSA AREA AIDS SUPPORT 800 WEST TEXAS MIDLAND, TX 79701	75-2470417	501 (C) (3)	10,000.				UNRESTRICTED
(11) MINISTERIO ""EN JEHOVA SERAN PROVITOS/ SIDA CALLE DOMINGO RBUIO, #60 ARECIBO, PR 00613	66-0529242	501 (C) (3)	10,000.				UNRESTRICTED
(12) MINNKOTA HEALTH PROJECT 810 4TH AVENUE SOUTH, SUITER 202	36-3610758	501 (C) (3)	20,000.				UNRESTRICTED

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(1) MONTROSE CLINIC / LEGACY COMMUNITY HEALTH S 215 WESTHEIMER HOUSTON, TX 77006	76-0009637	501 (C) (3)	25,000.				UNRESTRICTED
(2) MORGANTOWN HEALTH RIGHTS/MILAN PUSKAR HEALT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501 (C) (3)	15,000.				UNRESTRICTED
(3) MOVEABLE FEAST INC. 901 NORTH MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501 (C) (3)	40,000.				UNRESTRICTED
(4) MOVEMENT STRATEGY CENTER 436 14TH ST., #500 OAKLAND, CA 94612	20-1037643	501 (C) (3)	20,000.				UNRESTRICTED
(5) MY FRIEND'S PLACE 5850 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	95-4834034	501 (C) (3)	10,000.				UNRESTRICTED
(6) NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 (C) (3)	12,500.				UNRESTRICTED
(7) NATIONAL CENTER FOR TRANSGENDER EQUALITY 1133 19TH ST. NW, STE. 302	41-2090291	501 (C) (3)	25,000.				UNRESTRICTED
(8) NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD., #108-62	95-4539765	501 (C) (3)	10,000.				UNRESTRICTED
(9) NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET, NW WASHINGTON, DC 20009	52-1578289	501 (C) (3)	29,515.				UNRESTRICTED
(10) NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501 (C) (3)	7,500.				UNRESTRICTED
(11) NAT'L CTR. FOR CIVIC INNOVATION/ CENTER FOR 65 BROADWAY, STE. 832 NEW YORK, NY 10006	02-0590588	501 (C) (3)	25,000.				UNRESTRICTED
(12) NEBRASKA AIDS PROJECT, INC. 250 S. 77TH STREET, STE. A OMAHA, NE 68114	47-0786622	501 (C) (3)	12,500.				UNRESTRICTED

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(1) NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 410 WEST 40TH STREET NEW YORK, NY 10018	27-2151000	501 (C) (3)	13,630.				UNRESTRICTED
(2) NEW AVENUES FOR YOUTH 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93-0910213	501 (C) (3)	10,000.				UNRESTRICTED
(3) NEW ORLEANS MUSICIANS CLINIC (NOMC) 1525 LOUISIANA AVE NEW ORLEANS, LA 70115	20-8139539	501 (C) (3)	15,000.				UNRESTRICTED
(4) NEW YORK CITY GAY & LESBIAN 24 W. 25TH ST., 12TH FLOOR	13-3149200	501 (C) (3)	10,000.				UNRESTRICTED
(5) NEW YORK CIVIL LIBERTIES UNION 125 BROAD ST., 19TH FLOOR	90-0808294	501 (C) (3)	10,000.				UNRESTRICTED
(6) NEW YORK LIVE ARTS, INC. 219 WEST 19TH STREET NEW YORK, NY 10011	13-6206608	501 (C) (3)	5,100.				UNRESTRICTED
(7) NO/AIDS TASK FORCE 2601 TULANE AVENUE, SUITE 500	72-1059635	501 (C) (3)	35,000.				UNRESTRICTED
(8) NORTH CAROLINA AIDS ACTION NETWORK P.O. BOX 25044 RALEIGH, NC 27611	32-0323779	501 (C) (3)	25,000.				UNRESTRICTED
(9) NORTH IDAHO AIDS COALITION 2201 GOVERNMENT WAY, STE. L	82-0509161	501 (C) (3)	10,000.				UNRESTRICTED
(10) NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501 (C) (3)	15,000.				UNRESTRICTED
(11) NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501 (C) (3)	7,500.				UNRESTRICTED
(12) NORTHWEST PA RURAL AIDS ALLIANCE 15898 ROUTE 322, SUITE 2 CLARION, PA 16214	23-2250505	501 (C) (3)	7,500.				UNRESTRICTED

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(1) NYC HEALTH + HOSPITALS/METROPOLITAN 1901 FIRST AVE., 1B2 EXECUTIVE SUITE	13-2655001	501 (C) (3)	10,000.				UNRESTRICTED
(2) NYSARC/AHRC NEW YORK CITY 83 MAIDEN LANE NEW YORK, NY 10038	13-5678837	501 (C) (3)	9,000.				UNRESTRICTED
(3) NYU SCHOOL OF MEDICINE 550 1ST AVE., NBV-854-11 NEW YORK, NY 10016	13-5562308	501 (C) (3)	7,500.				UNRESTRICTED
(4) OKALOOSA AIDS SUPP & INFORM SVCS. (OASIS) 745 NW BEAL PKWY., UNIT 10	59-3089946	501 (C) (3)	10,000.				UNRESTRICTED
(5) ONE ARCHIVES FOUNDATION 7655 W. SUNSET BLVD., LOS ANGELES, CA 90046	95-3660779	501 (C) (3)	20,000.				UNRESTRICTED
(6) ONE HEARTLAND / CAMP HEARTLAND 2101 HENNEPIN AVE SOUTH	39-1763115	501 (C) (3)	10,000.				UNRESTRICTED
(7) ONLY MAKE BELIEVE 1133 BROADWAY NEW YORK, NY 10010	13-4133410	501 (C) (3)	6,500.				UNRESTRICTED
(8) OPEN AID ALLIANCE 500 NORTH HIGGINS, SUITE 100	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 AVENUE S.	41-1681317	501 (C) (3)	40,000.				UNRESTRICTED
(11) OPEN DOOR PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 (C) (3)	10,000.				UNRESTRICTED
(12) OPEN DOOR CLINIC OF GREATER ELGIN 1665 LARKIN AVE., ELGIN, IL 30123	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)	10,000.				UNRESTRICTED
(2) OTHER OPTIONS, INC. 3636 NORTHWEST 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, STE. 1505	94-3139952	501 (C) (3)	10,000.				UNRESTRICTED
(5) PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD	57-0905550	501 (C) (3)	17,500.				UNRESTRICTED
(6) PANHANDLE AIDS SUPPORT ORGANIZATION, INC. 1523 SOUTH TAYLOR AMARILLO, TX 79101	75-2219593	501 (C) (3)	7,500.				UNRESTRICTED
(7) PARTNERSHIP FOR THE HOMELESS 305 7TH AVENUE, 13TH FLOOR	13-3132746	501 (C) (3)	7,500.				UNRESTRICTED
(8) PATOKA VALLEY AIDS COMMUNITY ACTION P.O. BOX 357 VINCENNES, IN 47591	35-2042383	501 (C) (3)	7,500.				UNRESTRICTED
(9) PATOKA VALLEY HIV COMMUNITY ACTION GROUP PO BOX 411 JASPER, IN 47547	35-0895838	501 (C) (3)	7,500.				UNRESTRICTED
(10) PEOPLE'S HARM REDUCTION ALLIANCE PO BOX 85038 SEATTLE, WA 98145	35-2307112	501 (C) (3)	10,000.				UNRESTRICTED
(11) PERSAD CENTER 5301 BUTLERS ST., #100 PITTSBURGH, PA 15201	25-1234680	501 (C) (3)	12,500.				UNRESTRICTED
(12) PETER & PAUL COMMUNITY SERVICES, INC. 1025 PARK AVENUE, SUITE 1023	43-1349643	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) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PETS ARE LOVING SUPPORT PO BOX 1539 GUERNEVILLE, CA 95446	68-0295834	501 (C) (3)	10,000.				UNRESTRICTED
(2) PETS ARE WONDERFUL SUPPORT 3170 23RD STREET SAN FRANCISCO, CA 94110	94-3049133	501 (C) (3)	21,500.				UNRESTRICTED
(3) PHILADELPHIA CENTER - MERCY CENTER 740 AUSTIN PLACE SHREVEPORT, LA 71101	72-1204252	501 (C) (3)	10,000.				UNRESTRICTED
(4) PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH # 7F	95-4590018	501 (C) (3)	90,000.				UNRESTRICTED
(5) PIERCE COUNTY AIDS FOUNDATION 3520 SOUTH PINE STREET TACOMA, WA 98409	91-1385245	501 (C) (3)	7,500.				UNRESTRICTED
(6) PINES CARE CENTER P.O. BOX 5333 FIRE ISLAND PINES, NY 11782	11-2644470	501 (C) (3)	25,000.				UNRESTRICTED
(7) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAMS ST., FL. 10 NEW YORK, NY 10036	13-1644147	501 (C) (3)	35,000.				UNRESTRICTED
(8) PORT DEFIANCE AIDS PROJECT/ SLO BANGERS 1351 ROYAL WAY, #5	91-1435394	501 (C) (3)	7,500.				UNRESTRICTED
(9) POSITIVE RESOURCE CENTER 525 OXFORD STREET FORT WAYNE, IN 46806	31-1191147	501 (C) (3)	7,500.				UNRESTRICTED
(10) POSITIVE RESPONSE, INC. 411 NORTH PARK STREET CARROLLTON, GA 30117	58-2105141	501 (C) (3)	7,500.				UNRESTRICTED
(11) POSITIVE WELLNESS ALLIANCE, INC. PO BOX 703 LEXINGTON, NC 27293	56-1885607	501 (C) (3)	7,500.				UNRESTRICTED
(12) POVERELLO CENTER, INC. 2056 NORTH DIXIE HIGHWAY	65-0056218	501 (C) (3)	15,000.				UNRESTRICTED

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(1) PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE, LOWER LEVEL	23-2663699	501 (C) (3)	20,000.				UNRESTRICTED
(2) PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR	25-1852314	501 (C) (3)	15,000.				UNRESTRICTED
(3) PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038-2702	95-4115863	501 (C) (3)	40,000.				UNRESTRICTED
(4) PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501 (C) (3)	40,000.				UNRESTRICTED
(5) PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	30,000.				UNRESTRICTED
(6) PROJECT KINDLE PO BOX 81147 LINCOLN, NE 68508	47-0814125	501 (C) (3)	6,500.				UNRESTRICTED
(7) PROJECT OPEN HAND/ATLANTA 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	40,000.				UNRESTRICTED
(8) PROJECT OPEN HAND/CA 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501 (C) (3)	40,000.				UNRESTRICTED
(9) PROJECT RENEWAL INC. 200 VARICK ST., 9TH FLOOR	13-2602882	501 (C) (3)	10,000.				UNRESTRICTED
(10) PROJECT RESPONSE AIDS CENTER - NORTH 745 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	59-3036563	501 (C) (3)	10,000.				UNRESTRICTED
(11) PROJECT SAFETY NET NY 60 ADAMS AVE., HAUPPAUGE, NY 11788	11-2809739	501 (C) (3)	7,500.				UNRESTRICTED
(12) PROJECT SAMARITAN/BRIGHTPOINT HEALTH 71 W. 23RD ST., 8TH FLOOR	13-3464470	501 (C) (3)	20,000.				UNRESTRICTED

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Name of the organization

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Employer identification number

13-3458820

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(1) PROJECT TRANSITIONS, INC. PO BOX 4826 AUSTIN, TX 78765	74-2502171	501 (C) (3)	7,500.				UNRESTRICTED
(2) PROVINCETOWN AIDS SUPPORT GROUP P.O. BOX 1522 PROVINCETOWN, MA 02657	04-2908722	501 (C) (3)	12,500.				UNRESTRICTED
(3) RAICES 1305 N. FLORES ST., SAN ANTONIO, TX 78212	74-2436920	501 (C) (3)	11,500.				UNRESTRICTED
(4) RAINBOW RAILROAD USA 601 W. 26TH ST., 325-41 NEW YORK, NY 10001	47-4896980	501 (C) (3)	26,000.				UNRESTRICTED
(5) RATTLESTICK PLAYWRIGHTS THEATRE 224 WAVERLY PLACE NEW YORK, NY 10014	11-3105457	501 (C) (3)	31,500.				UNRESTRICTED
(6) RAUSCHENBUSCH METRO MINISTRIES 410 W. 40TH STREET NEW YORK, NY 10018	13-3859713	501 (C) (3)	15,500.				UNRESTRICTED
(7) REACH MINISTRIES 309 SOUTH G STREET, SUITE 3	91-1644321	501 (C) (3)	6,500.				UNRESTRICTED
(8) REBECCA DAVIS DANCE COMPANY 315 W. 36TH ST., 10TH FLOOR	20-2041093	501 (C) (3)	25,000.				UNRESTRICTED
(9) RECTOR CHURCH WARDENS & VESTRY MEMBERS ST. 487 HUDSON ST. NEW YORK, NY 10014	13-2861673	501 (C) (3)	20,000.				UNRESTRICTED
(10) REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOM 5001 N. PENNSYLVANIA, SUITE 100	73-1375796	501 (C) (3)	33,500.				UNRESTRICTED
(11) RESOURCE CENTER OF DALLAS, INC. 2701 REAGAN STREET DALLAS, TX 75219	75-1892059	501 (C) (3)	12,500.				UNRESTRICTED
(12) ROCKY MOUNTAIN CARES 4545 E. 9TH AVE., STE. 120 DENVER, CO 80220	27-0847403	501 (C) (3)	7,500.				UNRESTRICTED

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(1) ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO 100 DIAMOND STREET	94-1156774	501 (C) (3)	7,500.				UNRESTRICTED
(2) ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501 (C) (3)	7,500.				UNRESTRICTED
(3) SAFE HORIZON/STREETWORK 2 LAFAYETTE STREET NEW YORK, NY 10007	13-2946970	501 (C) (3)	12,500.				UNRESTRICTED
(4) SAGE (SERVICES AND ADVOCACY FOR GLBT ELDERS) 305 SEVENTH AVE., SUITE 15	13-2947657	501 (C) (3)	25,500.				UNRESTRICTED
(5) SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET	74-2427853	501 (C) (3)	12,500.				UNRESTRICTED
(6) SAN DIEGO HUMANE SOCIETY/ PAWS SAN DIEGO 5500 GAINES STREET SAN DIEGO, CA 92110	33-0632209	501 (C) (3)	7,500.				UNRESTRICTED
(7) SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400	94-2927405	501 (C) (3)	35,000.				UNRESTRICTED
(8) SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501 (C) (3)	20,000.				UNRESTRICTED
(9) SAY - THE STUTTERING ASSOC FOR THE YOUNG 55 W. 39TH ST., STE. 1001	33-1049070	501 (C) (3)	10,000.				UNRESTRICTED
(10) SELMA AIR PO BOX 396 SELMA, AL 36701	63-1133272	501 (C) (3)	10,000.				UNRESTRICTED
(11) SERO PROJECT / CREATIVE VISIONS FOUNDATION P.O. BOX 1233 MILFORD, PA 18337	39-1902814	501 (C) (3)	30,000.				UNRESTRICTED
(12) SHANNON'S S.H.A.R.E. FOUNDATION P O BOX 40244 GLEN OAKS, NY 11004	27-5553326	501 (C) (3)	12,500.				UNRESTRICTED

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(1) SHANTI PROJECT 730 POLK STREET, 3RD FLOOR	94-2297147	501 (C) (3)	7,500.				UNRESTRICTED
(2) SHASTA - TRINITY - TEHAMA HIV FOOD BANK/ GE PO BOX 493283 REDDING, CA 96049	94-1026064	501 (C) (3)	10,000.				UNRESTRICTED
(3) SHELTER RESOURCES/BELLE REVE NEW ORLEANS 3029 ROYAL STREET NEW ORLEANS, LA 70117	58-2022068	501 (C) (3)	7,500.				UNRESTRICTED
(4) SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA STREET	25-1781394	501 (C) (3)	15,000.				UNRESTRICTED
(5) SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, STE. 300	20-5205488	501 (C) (3)	15,000.				UNRESTRICTED
(6) SING FOR YOUR SENIORS INC 1834 2ND AVENUE NEW YORK, NY 10128	20-8052382	501 (C) (3)	10,500.				UNRESTRICTED
(7) SISTERLOVE INC. 3709 BAKERS FERRY RD., SW ATLANTA, GA 30331	58-2016070	501 (C) (3)	7,500.				UNRESTRICTED
(8) SOCIAL & ENVIRONMENTAL ENTREPRENEURS SEE, IN THE GENERATIONS PROJECT: 374 S 5TH ST., #33	95-4116679	501 (C) (3)	25,000.				UNRESTRICTED
(9) SONORAN PREVENTION WORKS 3201 N. 16TH ST., STE.9 PHOENIX, AZ 85016	30-0760098	501 (C) (3)	10,000.				UNRESTRICTED
(10) SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER STREET	71-0705708	501 (C) (3)	7,500.				UNRESTRICTED
(11) SOUTH CAROLINA HIV COUNCIL/WRIGHT WELLNESS 1813 LAUREL STREET COLUMBIA, SC 29201	57-0994526	501 (C) (3)	7,500.				UNRESTRICTED
(12) SOUTH JERSEY AIDS ALLIANCE 19 GORDONS ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501 (C) (3)	7,500.				UNRESTRICTED

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(1) SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE	86-0864100	501 (C) (3)	7,500.				UNRESTRICTED
(2) SOUTHERN NEW HAMPSHIRE HIV/AIDS TASK FORCE 12 AMHERST STREET NASHUA, NH 03064	02-0447280	501 (C) (3)	15,000.				UNRESTRICTED
(3) SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE., MONTGOMERY, AL 36104	63-0598743	501 (C) (3)	25,000.				UNRESTRICTED
(4) SOUTHERN REP / CARE FOR CREATIVES 2541 BAYOU RD., NEW ORLEANS, LA 70119	72-1088017	501 (C) (3)	7,500.				UNRESTRICTED
(5) SOUTHWEST CENTER FOR HIV/ AIDS 1101 N. CENTRAL AVE., SUITE 200	86-0695862	501 (C) (3)	10,000.				UNRESTRICTED
(6) SPAHR CENTER 910 IRVIN STREET SAN RAFAEL, CA 94901	68-0072470	501 (C) (3)	7,500.				UNRESTRICTED
(7) SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501 (C) (3)	25,000.				UNRESTRICTED
(8) SPECIAL HEALTH RESOURCES FOR TEXAS 2020 BILL OWENS PARKWAY, SUITE 230	75-2405203	501 (C) (3)	10,000.				UNRESTRICTED
(9) ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036	11-1111111	CHURCH	10,000.				UNRESTRICTED
(10) ST. LUKE'S LUTHERAN CHURCH 308 W. 46TH ST., NEW YORK, NY 10036	11-1111111	CHURCH	15,000.				UNRESTRICTED
(11) STEPHEN PETRONIO DANCE CO. INC. 140 2ND AVE, STE 504 NEW YORK, NY 10003	22-2742906	501 (C) (3)	9,470.				UNRESTRICTED
(12) STREET WORKS 520 SYLVAN STREET NASHVILLE, TN 37206	62-1806967	501 (C) (3)	10,000.				UNRESTRICTED

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(1) SUNBURST PROJECTS 1025 19TH STREET, SUITE 1A	68-0239282	501 (C) (3)	7,500.				UNRESTRICTED
(2) SUNRISE HIV/AIDS COALITION 3846 E. AVE, T-2 PALMDALE, CA 93550-9235	95-4553092	501 (C) (3)	7,500.				UNRESTRICTED
(3) SUZERAIN 105 GRIST MILL COURT LEXINGTON, KY 29072	81-3622373	501 (C) (3)	6,000.				UNRESTRICTED
(4) SVCS. FOR CHILDREN WITH HIDDEN INTELLIGENCE 1001 AVENUE OF THE AMERICAS, 4TH FLOOR	22-3301312	501 (C) (3)	7,500.				UNRESTRICTED
(5) SYLVIA RIVERA LAW PROJECT 147 W 24TH ST NEW YORK, NY 10011	81-0640342	501 (C) (3)	7,500.				UNRESTRICTED
(6) THE ACTORS' FUND OF AMERICA 729 SEVENTH AVENUE 10TH FLOOR	13-1635251	501 (C) (3)	6,187,338.				UNRESTRICTED
(7) THE AIDS TASK FORCE OF THE UPPER OHIO VALLE P.O. BOX 6360 WHEELING, WV 26003-0805	55-0679690	501 (C) (3)	10,000.				UNRESTRICTED
(8) THE ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501 (C) (3)	11,000.				UNRESTRICTED
(9) THE ANGEL BAND PROJECT 6267 DELMAR, 3W ST. LOUIS, MO 63130	80-0707717	501 (C) (3)	7,500.				UNRESTRICTED
(10) THE GENERATIONS PROJECT P.O. BOX 110738 BROOKLYN, NY 11211	81-3129492	501 (C) (3)	19,500.				UNRESTRICTED
(11) THE HOPE DINNERS AT ST. AUGUSTINE'S 116 SIXTH AVE., BROOKLYN, NY 11221	11-1111111	CHURCH	10,000.				UNRESTRICTED
(12) THE HUMANE SOCIETY OF NEW YORK 306 E. 59TH STREET NEW YORK, NY 10022	13-1624041	501 (C) (3)	8,500.				UNRESTRICTED

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE JEWISH FEDERATION OF GREATER PITTSBURGH 2000 TECHNOLOGY DRVE PITTSBURGH, PA 15219	25-1017602	501 (C) (3)	30,550.				UNRESTRICTED
(2) THE LGBT COMMUNITY CENTER OF THE DESERT 1301 NORTH PALM CANYON DR., #301	33-0937301	501 (C) (3)	10,000.				UNRESTRICTED
(3) THE OKLAHOMA UNIVERSITY (OU) FOUNDATION P.O. BOX 258856 OKLAHOMA CITY, OK 73125	73-6091755	501 (C) (3)	7,500.				UNRESTRICTED
(4) THE PINES FOUNDATION 7 E. 14TH ST., APT. 17-0 NEW YORK, NY 10003	11-3488704	501 (C) (3)	8,850.				UNRESTRICTED
(5) THE PROJECT OF THE QUAD CITIES 2316 FIFTH AVENUE MOLINE, IL 61265	42-1358032	501 (C) (3)	7,500.				UNRESTRICTED
(6) THE PULMONARY FIBROSIS FOUNDATION 811 WEST EVERGREEN AVE SUITE 204	84-1558631	501 (C) (3)	15,000.				UNRESTRICTED
(7) THE RIVER FUND 11155 ROSELAND ROAD, UNIT 16	59-3212877	501 (C) (3)	25,000.				UNRESTRICTED
(8) THE TREVOR PROJECT 9056 SANTA MONICA BLVD. #208	95-4681287	501 (C) (3)	15,000.				UNRESTRICTED
(9) THE WATERSHED CENTER/ROCK STEADY FARM & FLO 41 KAYE ROAD MILLERTON, NY 12546	36-4624060	501 (C) (3)	7,500.				UNRESTRICTED
(10) THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE., NE	52-1929922	501 (C) (3)	12,500.				UNRESTRICTED
(11) TIDES CENTER/HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	94-3213100	501 (C) (3)	10,000.				UNRESTRICTED
(12) TOPEKA AIDS PROJECT 1001 SW GARFIELD TOPEKA, KS 66604	48-1032982	501 (C) (3)	7,500.				UNRESTRICTED

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (C) (3)	15,000.				UNRESTRICTED
(2) TRANSGENDER LEGAL DEFENSE & EDUCATION FUND 20 W. 20TH ST., STE. 705 NEW YORK, NY 10011	04-3762842	501 (C) (3)	10,000.				UNRESTRICTED
(3) TREATMENT ACTION GROUP (TAG) 261 FIFTH AVENUE, STE. 2110	13-3624785	501 (C) (3)	72,500.				UNRESTRICTED
(4) TRI-STATE ALLIANCE, INC. PO BOX 2901 EVANSVILLE, IN 47728	35-1636272	501 (C) (3)	17,500.				UNRESTRICTED
(5) TROY AREA UNITED MINISTRIES, INC. 392 SECOND STREET TROY, NY 12180	14-1635408	501 (C) (3)	15,000.				UNRESTRICTED
(6) TRUE COLORS FUND 330 WEST 38TH STREET, SUITE 405	45-2489069	501 (C) (3)	20,000.				UNRESTRICTED
(7) TUCSON INTERFAITH HIV/AIDS NETWORK (TIHAN) 260 1ST AVENUE TUCSON, AZ 85719	86-0819574	501 (C) (3)	7,500.				UNRESTRICTED
(8) TULSA C.A.R.E.S. 3507 EAST ADMIRAL PLACE TULSA, OK 74115	73-1388569	501 (C) (3)	15,000.				UNRESTRICTED
(9) TWIN STATES WOMEN'S NETWORK P.O. BOX 75 WILLIAMSTOWN, VT 05679	04-3373364	501 (C) (3)	7,500.				UNRESTRICTED
(10) U.S. CONFERENCE OF CATHOLIC BISHOPS 115 E. 14TH STREET WILMINGTON, DE 19801	53-0196617	501 (C) (3)	25,000.				UNRESTRICTED
(11) UPPER DELAWARE GLBT CTR / TRIVERSITY 201 WEST HARTFORD STREET MILFORD, PA 18337	26-3317443	501 (C) (3)	7,500.				UNRESTRICTED
(12) URBAN SURVIVOR'S UNION (NC CHAPTER) 2300 W. MEADOWVIEW RD., STE. 209	46-3129789	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 ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) US HELPING US 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	52-1628279	501 (C) (3)	70,000.				UNRESTRICTED
(2) UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST	87-0455172	501 (C) (3)	7,500.				UNRESTRICTED
(3) VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE.	23-7050082	501 (C) (3)	7,500.				UNRESTRICTED
(4) VENICE FAMILY CLINIC 2401 LINCOLN BOULEVARD	95-4460765	501 (C) (3)	7,500.				UNRESTRICTED
(5) VICTORY PROGRAMS, INC. 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501 (C) (3)	7,500.				UNRESTRICTED
(6) VIEQUES CONCERT SOCI 22 CALLE HUCAR VIEQUES, PR 00765	66-0755246	501 (C) (3)	6,500.				UNRESTRICTED
(7) VT COMMITT FOR AIDS RESOURCES EDU/ VERMONT 187 SAINT PAUL STREET BURLINGTON, VT 05401	03-0307864	501 (C) (3)	10,000.				UNRESTRICTED
(8) WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH STREET TUSCALOOSA, AL 35401	63-0995963	501 (C) (3)	12,500.				UNRESTRICTED
(9) WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN STREET	23-2522649	501 (C) (3)	20,000.				UNRESTRICTED
(10) WESTCARE CALIFORNIA, INC./ LIVING ROOM 901 E. BELMONT AVE., FRESNO, CA 93701	77-0489125	501 (C) (3)	7,500.				UNRESTRICTED
(11) WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 (C) (3)	30,000.				UNRESTRICTED
(12) WOMEN'S PRISON ASSOCIATION AND HOME, INC. 110 SECOND AVE NEW YORK, NY 10003	13-5596836	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 ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WYOMING AIDS ASSISTANCE P.O. BOX 674 LARAMIE, WY 82073	81-4906541	501 (C) (3)	10,000.				UNRESTRICTED
(2) XAVIER MISSION, INC. 55 W. 15TH STREET NEW YORK, NY 10011	45-3763576	501 (C) (3)	10,000.				UNRESTRICTED
(3) YALE UNIVERSITY/YALE GLOBAL HEALTH JUSTICE 157 CHURCH STREET, 12TH FLOOR	06-0646972	501 (C) (3)	27,500.				UNRESTRICTED
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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) 240,841.	(ii) 0.	(iii) 0.	0.	12,360.	253,201.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	(i) 175,744.	(ii) 0.	(iii) 0.	13,500.	15,314.	204,558.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	DANIEL WHITMAN DIRECTOR OF DEVELOPMENT	(i) 159,532.	(ii) 0.	(iii) 0.	18,500.	32,090.	210,122.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	VALERIE LAU-KEE LAI PRODUCING DIRECTOR	(i) 138,490.	(ii) 0.	(iii) 0.	0.	33,175.	171,665.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	MICHAEL MCLEAN CONTROLLER	(i) 157,974.	(ii) 0.	(iii) 0.	0.	36,120.	194,094.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	LANE BEAUCHAMP DIRECTOR OF COMMUNICATIONS	(i) 127,303.	(ii) 0.	(iii) 0.	0.	23,240.	150,543.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
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)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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	17.	118,991.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

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

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

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

13-3458820

PART 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.

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.

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

CONFLICT-OF-INTEREST POLICY:

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

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

DETERMINATION OF COMPENSATION:

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

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: (\$1,166,234)

ATTACHMENT 1

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

BCEFA'S MISSION IS TO: (I) MOBILIZE THE UNIQUE ABILITIES WITHIN THE ENTERTAINMENT INDUSTRY TO MITIGATE THE SUFFERING OF INDIVIDUALS AFFECTED BY HIV/AIDS; (II) TO ENSURE DIRECT SUPPORT SPECIFICALLY THROUGH THE SOCIAL SERVICES AND PROGRAMS OF THE ACTORS FUND TO ALL INDIVIDUALS IN THE ENTERTAINMENT INDUSTRY AFFECTED BY CRITICAL HEALTH ISSUES, INCLUDING BUT NOT LIMITED TO HIV/AIDS; (III) TO SUPPORT ORGANIZATIONS ACROSS THE COUNTRY WHICH PROVIDE TREATMENT OR SERVICES FOR PEOPLE SPECIFICALLY AFFECTED BY HIV/AIDS AND THEIR FAMILIES; (IV)

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROMOTE AND ENCOURAGE PUBLIC SUPPORT FOR NATIONAL AND INTERNATIONAL PROGRAMS AND SERVICES WHICH BENEFIT PEOPLE WITH HIV/AIDS; (V) TO INCREASE PUBLIC AWARENESS AND UNDERSTANDING OF HIV/AIDS THROUGH THE CREATION AND DISSEMINATION OF EDUCATIONAL MATERIALS; (VI) TO SUPPORT EFFORTS BY THE ENTERTAINMENT INDUSTRY TO ADDRESS OTHER CRITICAL HEALTH ISSUES OR RESPOND TO AN EMERGENCY, IN EACH CASE AS APPROVED BY THE BOARD OF TRUSTEES; AND (VII) TO SUPPORT EFFORTS BY THE ENTERTAINMENT INDUSTRY IN OTHER CHARITABLE OR EDUCATIONAL ENDEAVORS, IN EACH CASE AS APPROVED BY THE BOARD OF TRUSTEES.

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

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