

** PUBLIC DISCLOSURE COPY **

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning OCT 1, 2021 and ending SEP 30, 2022

Form sections B through M: B Check if applicable, C Name of organization (BROADWAY CARES/EQUITY FIGHTS AIDS, INC.), D Employer identification number (13-3458820), E Telephone number (212-840-0770), F Name and address of principal officer (TOM VIOLA), G Gross receipts \$ (26,138,769), H(a) Is this a group return (Yes X No), H(b) Are all subordinates included? (Yes No), I Tax-exempt status (501(c)(3)), J Website (WWW.BCEFA.ORG), K Form of organization (Corporation), L Year of formation (1988), M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission (SEE SCHEDULE O), 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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 and Preparer information: Sign Here (Signature of officer TOM VIOLA, EXECUTIVE DIRECTOR), Paid (Preparer CANDICE METH), Preparer Use Only (Firm EISNER ADVISORY GROUP LLC, 733 THIRD AVENUE, NEW YORK, NY 10017-2703)

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

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

Department of the Treasury
Internal Revenue Service

▶ **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	Name of exempt organization or other filer, see instructions. BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Taxpayer identification number (TIN) 13-3458820
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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. ▶ _____

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

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-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-TE and Form 8879-TE for payment 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: SEE SCHEDULE O.

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.

4a (Code:) (Expenses \$ 17,041,599. including grants of \$ 17,041,599.) (Revenue \$) DIRECT GRANTS TO AIDS SERVICE ORGANIZATIONS TO PROVIDE DIRECT SERVICES, FOOD SERVICES, EMERGENCY ASSISTANCE AND HARM REDUCTION TO PERSONS LIVING WITH HIV/AIDS AND TO PROMOTE PREVENTION PROGRAMS AND RESEARCH. GRANTS IN SUPPORT OF RELATED WOMEN'S HEALTH PROGRAMS AND FOR HEALTH CLINIC FACILITIES FOR THE UNINSURED IN THE ENTERTAINMENT INDUSTRY. GRANTS ARE MADE TO OVER 500 ORGANIZATIONS NATIONWIDE.

4b (Code:) (Expenses \$ 4,539,140. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,580,739.

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 Rev. Proc. 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 donor-restricted endowments or in 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)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 53		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 53		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LARRY COOK, DIRECTOR OF FINANCE - (212)-840-0770**
165 WEST 46TH STREET, SUITE 1300, NEW YORK, NY 10036

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TOM VIOLA EXECUTIVE DIRECTOR	40.00 0.00			X				287,152.	0.	17,764.
(2) DANIEL WHITMAN DIR COMMUNICATIONS/DEVELOPMENT	40.00 0.00					X		172,924.	0.	40,073.
(3) LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	40.00 0.00			X				170,963.	0.	34,484.
(4) MICHAEL MCLEAN CONTROLLER	40.00 0.00					X		148,268.	0.	43,888.
(5) VALERIE LAU-KEE LAI PRODUCING DIRECTOR	40.00 0.00					X		128,551.	0.	45,390.
(6) LANE BEAUCHAMP DIRECTOR OF COMMUNICATIONS	40.00 0.00					X		140,979.	0.	31,434.
(7) DENISE HURLIN DIRECTOR DANCERS RESPONDING TO AIDS	40.00 0.00					X		107,175.	0.	37,191.
(8) TED ARTHUR TRUSTEE	2.00 0.00	X						0.	0.	0.
(9) CORNELIUS BAKER TRUSTEE	2.00 0.00	X						0.	0.	0.
(10) SCOTT BARNES TRUSTEE	2.00 0.00	X						0.	0.	0.
(11) JOSEPH BENINCASA CHAIRMAN NOMINATING COMMITTEE	2.00 0.00	X		X				0.	0.	0.
(12) DAVID BINDER TRUSTEE	2.00 0.00	X						0.	0.	0.
(13) PHILIP BIRSH TREASURER/CHAIRMAN AUDIT COMMITTEE	2.00 0.00	X		X				0.	0.	0.
(14) CHRIS BONEAU TRUSTEE	2.00 0.00	X						0.	0.	0.
(15) BARRY BROWN TRUSTEE	2.00 0.00	X						0.	0.	0.
(16) KATE BURTON TRUSTEE	2.00 0.00	X						0.	0.	0.
(17) LISA DAWN CAVE TRUSTEE	2.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KATHLEEN CHALFANT TRUSTEE	2.00 0.00	X						0.	0.	0.
(19) SHERRY COHEN TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) GAVIN CREEL TRUSTEE	2.00 0.00	X						0.	0.	0.
(21) ALAN CUMMING TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) MARIA DI DIA TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) LINDA DUNCOMBE TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) MANDY GONZALEZ TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) AMANDA GREEN TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) TOM HARRIS TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								1,156,012.	0.	250,224.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,156,012.	0.	250,224.

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, 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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) RICHARD HESTER TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) RICHARD JAY-ALEXANDER TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) BEVERLY JENKINS TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) CHERRY JONES TRUSTEE	2.00 0.00	X						0.	0.	0.
(31) FRANCIS JUE TRUSTEE	2.00 0.00	X						0.	0.	0.
(32) TOM KIRDAHY THIRD VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(33) ADAM KRAUTHAMER TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) NATHAN LANE TRUSTEE	2.00 0.00	X						0.	0.	0.
(35) PETER LAWRENCE TRUSTEE	2.00 0.00	X						0.	0.	0.
(36) JOE MACHOTA TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) KIMBERLY MARABLE TRUSTEE	2.00 0.00	X						0.	0.	0.
(38) KEVIN MCCOLLUM TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) KEN MCGEE TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) JERRY MITCHELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) IRA MONT FIRST VICE PRESIDENT	2.00 0.00	X		X				0.	0.	0.
(42) BRIAN MORELAND TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) JAVIER MUNOZ TRUSTEE	2.00 0.00	X						0.	0.	0.
(44) JOHN ERIC PARKER TRUSTEE	2.00 0.00	X						0.	0.	0.
(45) BERNADETTE PETERS TRUSTEE	2.00 0.00	X						0.	0.	0.
(46) BILLY PORTER TRUSTEE	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like LAUREN REID, JUDITH RICE, CHITA RIVERA, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,967,980.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,829,967.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 365,884.				
	h Total. Add lines 1a-1f		24,797,947.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,943.			19,943.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	362,303.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	365,884.				
	c Gain or (loss)	7c	-3,581.				
	d Net gain or (loss)		-3,581.			-3,581.	
8 a Gross income from fundraising events (not including \$ 1,967,980. of contributions reported on line 1c). See Part IV, line 18	8a		746,368.				
			746,368.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		212,208.				
			126,040.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			86,168.	86,168.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			24,900,477.	0.	86,168.	16,362.	

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	16,803,549.	16,803,549.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	238,050.	238,050.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,077.	363,461.	97,308.	97,308.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,754,448.	2,074,511.	993,953.	685,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	300,824.	244,469.	26,299.	30,056.
9 Other employee benefits	1,069,699.	441,312.	380,105.	248,282.
10 Payroll taxes	359,858.	292,444.	31,460.	35,954.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	44,500.		44,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	138,576.	62,302.	16,646.	59,628.
12 Advertising and promotion	308,010.	84,297.	51,860.	171,853.
13 Office expenses	356,800.	169,976.	124,065.	62,759.
14 Information technology				
15 Royalties				
16 Occupancy	892,002.	504,270.	225,716.	162,016.
17 Travel	115,811.	16,423.	17,099.	82,289.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,357.	11,414.	837.	11,106.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,936.		45,936.	
23 Insurance	41,277.	23,335.	10,445.	7,497.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	788,949.	39,300.		749,649.
b CREDIT CARD COMMISSIONS	281,168.	126,080.	114,580.	40,508.
c POSTAGE AND SHIPPING	70,220.	23,253.	15,296.	31,671.
d TELEPHONE	57,834.	31,983.	15,575.	10,276.
e All other expenses	251,595.	30,310.	100,833.	120,452.
25 Total functional expenses. Add lines 1 through 24e	26,500,540.	21,580,739.	2,312,513.	2,607,288.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	1,104,976.	1	1,761,419.
	2 Savings and temporary cash investments	13,421,768.	2	11,154,629.
	3 Pledges and grants receivable, net	2,471.	3	277,437.
	4 Accounts receivable, net	21,857.	4	28,414.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	344,704.	8	334,576.
	9 Prepaid expenses and deferred charges	293,719.	9	180,082.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 699,581.		
	b Less: accumulated depreciation	10b 606,944.	121,580.	10c 92,637.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	88,731.	15	224,338.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,399,806.	16	14,053,532.	
Liabilities	17 Accounts payable and accrued expenses	167,740.	17	194,293.
	18 Grants payable		18	
	19 Deferred revenue	12,910.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,614,915.	25	
	26 Total liabilities. Add lines 17 through 25	1,795,565.	26	194,293.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	13,311,317.	27	13,004,865.
	28 Net assets with donor restrictions	292,924.	28	854,374.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,604,241.	32	13,859,239.
	33 Total liabilities and net assets/fund balances	15,399,806.	33	14,053,532.

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	24,900,477.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,500,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,600,063.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,604,241.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,855,061.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,859,239.

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 on 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 on 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 on 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)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,247,343.	25,432,883.	27,829,412.	31,906,121.	24,797,947.	134,213,706.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,247,343.	25,432,883.	27,829,412.	31,906,121.	24,797,947.	134,213,706.
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)						14,089,523.
6 Public support. Subtract line 5 from line 4.						120,124,183.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	24,247,343.	25,432,883.	27,829,412.	31,906,121.	24,797,947.	134,213,706.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36,961.	56,518.	23,059.	5,269.	19,943.	141,750.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						134,355,456.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	89.41 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.17 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on line 2, above, 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>		
1		
2		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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), 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), 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).

Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,400,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Form with multiple sections: 1 Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure), 2-4 Conservation contribution details (table with 2 columns: Held at the End of the Tax Year, rows 2a-2d), 3-9 Monitoring and reporting requirements (checkboxes for Yes/No)

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.

Form with sections: 1a-1b Reporting requirements for art collections, 2 Reporting requirements for art collections held for financial gain (checkboxes for Yes/No)

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 make 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 program
 - 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** Term 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		341,406.	269,975.	71,431.
d Equipment		168,557.	150,811.	17,746.
e Other		189,618.	186,158.	3,460.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				92,637.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	24,938,912.
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	56,133.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	56,133.
3	Subtract line 2e from line 1	3	24,882,779.
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	17,698.
c	Add lines 4a and 4b	4c	17,698.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,900,477.

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	26,538,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	56,133.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	56,133.
3	Subtract line 2e from line 1	3	26,482,842.
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	17,698.
c	Add lines 4a and 4b	4c	17,698.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,500,540.

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.

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.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ONLINE AUCTION FEE 17,698.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ONLINE AUCTION FEE 17,698.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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Part I 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
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		197,050.
NORTH AMERICA	0	0	GRANTMAKING		40,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		1,000.
3 a Subtotal	0	0			238,050.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			238,050.

132071 12-20-21

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)
		SUB-SAHARAN AFRICA		77,050.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 16

3 Enter total number of other organizations or entities ►

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		10,000.	WIRE	0.		
		NORTH AMERICA		20,000.	WIRE	0.		
		NORTH AMERICA		10,000.	WIRE	0.		
		NORTH AMERICA		10,000.	WIRE	0.		

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)

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.

PART I, LINE 2:

PROCEDURES FOR FOREIGN GRANT-MAKING:

BCEFA ASKS POTENTIAL GRANTEEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY

WOULD QUALIFY AS THE EQUIVALENT OF A U.S. CHARITY. GRANTEEES MUST SUBMIT

FOLLOW-UP REPORTS TO BCEFA SHOWING HOW THE GRANT HAS BEEN UTILIZED.

PART I, LINE 3:

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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 (add col. (a) through col. (c))
		BROADWAY BACKWARDS (event type)	BROADWAY BARES (event type)	1 (total number)	
Revenue	1 Gross receipts	747,581.	1,125,362.	841,405.	2,714,348.
	2 Less: Contributions	512,558.	830,209.	625,213.	1,967,980.
	3 Gross income (line 1 minus line 2)	235,023.	295,153.	216,192.	746,368.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	146,170.	435,632.	17,300.	599,102.
	7 Food and beverages	50,280.	34,288.	26,170.	110,738.
	8 Entertainment				
	9 Other direct expenses	34,074.	2,454.		36,528.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				746,368.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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 ▶ _____

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

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

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

Name ▶ _____
Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER PLACE 232 EAST 84TH STREET NEW YORK, NY 10028	13-3645176	501 (C) (3)	20,000.	0.			UNRESTRICTED
A COMMUNITY RESOURCE NETWORK INC. 2 BLACKSMITH STREET LEBANON, NH 03766	22-3104237	501 (C) (3)	10,000.	0.			UNRESTRICTED
A IS FOR 411 LAFAYETTE ST., 6TH FL NEW YORK, NY 10003	46-2929713	501 (C) (3)	42,557.	0.			UNRESTRICTED
A PLACE TO NOURISH YOUR HEALTH 1302 CHAPEL ST., NEW HAVEN, CT 06511	22-2506184	501 (C) (3)	15,000.	0.			UNRESTRICTED
AC CENTER/ TRILIUM HEALTH 259 MONROE AVE. ROCHESTER, NY 14607	16-1356734	501 (C) (3)	7,500.	0.			UNRESTRICTED
ACCESS POINT OF GEORGIA 1025 DANIELSVILLE RD., ATHENS, GA 30601	30-1220951	501 (C) (3)	7,500.	0.			UNRESTRICTED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **418.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCING CONNECTICUT TOGETHER/NAT'L WORKING POSITIVE COALITION - 110 BARTHOLOMEW AVE., STE. 3050 - HARTFORD, CT 06106	22-3014883	501 (C) (3)	12,500.	0.			UNRESTRICTED
ADVOCATES FOR YOUTH 2000 M ST., NW, STE. 750 WASHINGTON, DC 20036	52-1173590	501 (C) (3)	15,000.	0.			UNRESTRICTED
AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH STREET, 2ND FLOOR NEW YORK, NY 10027	13-3749744	501 (C) (3)	7,500.	0.			UNRESTRICTED
AFRICAN-AMERICAN AIDS POLICY & TRAINING INSTITUTE - 1833 WEST EIGHTH STREET, SUITE 200 - LOS ANGELES, CA 90057	95-4742741	501 (C) (3)	20,000.	0.			UNRESTRICTED
AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 (C) (3)	20,000.	0.			UNRESTRICTED
AGMA EMERGENCY RELIEF FUND 1430 BROADWAY, 14TH FLOOR NEW YORK, NY 10018	13-6155701	501 (C) (3)	15,000.	0.			UNRESTRICTED
AH OF MONROE COUNTY 1434 KENNEDY DR., GORDON ROLLINS CE KEY WEST, FL 33040	59-2678740	501 (C) (3)	10,000.	0.			UNRESTRICTED
AHRC NEW YORK CITY 450 W. 56TH STREET, 2ND FLOOR - REDFIELD CENTER - NEW YORK, NY 10019	13-5596746	501 (C) (3)	7,500.	0.			UNRESTRICTED
AID ATLANTA INC. 1605 PEACHTREE ST., NE ATLANTA, GA 30309	58-1537967	501 (C) (3)	7,500.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID FOR AIDS INTERNATIONAL 131 VARICK STREET, STE 1006 NEW YORK, NY 10013	13-3954568	501 (C) (3)	10,000.	0.			UNRESTRICTED
AID UPSTATE 811 PENDLETON STREET, SUITE 10 GREENVILLE, SC 29601	57-0848637	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS ACTION BALTIMORE, INC. 10 EAST EAGER STREET BALTIMORE, MD 21202	52-1512614	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS ACTION COALITION OF HUNTSVILLE - 600 ST. CLAIR AVE., BLDG 6 - STE. 14C - HUNTSVILLE, AL 35801	57-0889447	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS ALABAMA 3521 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS ALABAMA / AIDS ALABAMA SOUTH 4321 DOWNTOWNER LOOP NORTH MOBILE, AL 36609	58-1989250	501 (C) (3)	12,500.	0.			UNRESTRICTED
AIDS ASSISTANCE PROGRAM 1276 N. PALM CANYON DR., #108 PALM SPRINGS, CA 92262	33-0566442	501 (C) (3)	20,000.	0.			UNRESTRICTED
AIDS ATHENS, INC./LIVE FORWARD 240 NORTH AVE., ATHENS, GA 30601	58-1761043	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS CARE OCEAN STATE 18 PARKIS AVENUE PROVIDENCE, RI 02907	22-2929749	501 (C) (3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS CIRCLE OF HOPE OF NORTH CENTRAL TEXAS - PO BOX 1963 - WICHITA FALLS, TX 76307-1963	75-2576568	501 (C) (3)	15,000.	0.			UNRESTRICTED
AIDS DELAWARE 100 W. 10TH ST., #315 WILMINGTON, DE 19801	22-2805481	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS FOUNDATION OF CHICAGO - HIV PREVENTION JUSTICE ALLIANCE - 200 WEST JACKSON BLVD., SUITE 2200 - CHICAGO, IL 60606	36-3412054	501 (C) (3)	35,000.	0.			UNRESTRICTED
AIDS FOUNDATION OF HOUSTON, INC. 6260 WEST PARK DRIVE, STE. 100 HOUSTON, TX 77057	76-0073661	501 (C) (3)	25,000.	0.			UNRESTRICTED
AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT STREET, SUITE 600 PHILADELPHIA, PA 19107	23-2576149	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE (ALFA) - 1120 FAIRGROVE CHURCH ROAD SE, SUITE 28 - HICKORY, NC 28602	58-1842529	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS MINISTRIES/AIDS ASSIST OF NORTH INDIANA, INC. - 201 S. WILLIAM STREET - SOUTH BEND, IN 46601	35-1902136	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET BRATTLEBORO, VT 05302	22-2950456	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS PROJECT RHODE ISLAND PO BOX 6688 PROVIDENCE, RI 02940-6688	05-0417440	501 (C) (3)	20,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE COUNCIL, INC. 315 WEST 10TH STREET, STE. 112 ROME, GA 30165	58-2272225	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS RESPONSE SEACOAST 1 JUNKINS AVENUE, 4TH FLOOR PORTSMOUTH, NH 03801	22-2884488	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS SERVICE ASSOCIATION OF PINELLAS, INC. - 3050 1ST AVENUE SOUTH - ST. PETERSBURG, FL 33712-1010	59-2862537	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS SERVICES OF AUSTIN INC. 7215 CAMERON ROAD AUSTIN, TX 78762	74-2440845	501 (C) (3)	20,000.	0.			UNRESTRICTED
AIDS SERVICES OF DALLAS PO BOX 4338 DALLAS, TX 75208	75-2144518	501 (C) (3)	7,500.	0.			UNRESTRICTED
AIDS TASK FORCE OF GREATER CLEVELAND - 2829 EUCLID AVE., - CLEVELAND, OH 44115	34-1433612	501 (C) (3)	10,000.	0.			UNRESTRICTED
AIDS UNITED 1424 K STREET, SUITE 200 WASHINGTON, DC 20005	52-1706646	501 (C) (3)	25,000.	0.			UNRESTRICTED
ALASKAN AIDS ASSISTANCE ASSOCIATION - 1057 WEST FIREWEED LANE, STE. 102 - ANCHORAGE, AK 99503	92-0113788	501 (C) (3)	10,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC. - PO BOX 25445 - ALBUQUERQUE, NM 87125-0445	85-0368993	501 (C) (3)	7,500.	0.			UNRESTRICTED
ALI FORNEY CENTER 527 W. 22ND ST., 1ST FL NEW YORK, NY 10011	30-0104507	501 (C) (3)	12,630.	0.			UNRESTRICTED
ALIVENESS PROJECT 730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501 (C) (3)	10,000.	0.			UNRESTRICTED
ALL OUT 51-02 21ST ST., #4-A QUEENS, NY 11101	45-2451509	501 (C) (3)	11,000.	0.			UNRESTRICTED
ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1245514	501 (C) (3)	10,000.	0.			UNRESTRICTED
ALLIANCE FOR POSITIVE CHANGE 64 W. 3TH ST., 3RD FLOOR NEW YORK, NY 10001	13-3562071	501 (C) (3)	7,500.	0.			UNRESTRICTED
ALLIES FOR HEALTH & WELLBEING 59113 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	18,000.	0.			UNRESTRICTED
AMAAD INSTITUTE 10221 S. COMPTON AVE., STE. 105 LOS ANGELES, CA 90002	77-0672440	501 (C) (3)	7,500.	0.			UNRESTRICTED
AMFAR, THE FOUNDATION FOR AIDS RESEARCH - 120 WALL STREET, 13TH FLOOR - NEW YORK, NY 10005	13-3163817	501 (C) (3)	25,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMPLEHARVEST.ORG 23 CLOVER ROAD NEWFOUNDLAND, NJ 07435	27-2433274	501 (C) (3)	15,000.	0.			UNRESTRICTED
ANIMALKIND, INC. 721 WARREN STREET HUDSON, NY 12534	14-1820248	501 (C) (3)	7,500.	0.			UNRESTRICTED
APEX COMMUNITY CARE 30 WEST STREET DANBURY, CT 06810	22-2951387	501 (C) (3)	7,500.	0.			UNRESTRICTED
APLA HEALTH & WELLNESS 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005-2319	95-3842506	501 (C) (3)	10,000.	0.			UNRESTRICTED
ARTISANS GUILD OF AMERICA 2107 41ST AVE., 5TH FLOOR LONG ISLAND , NY 11101	45-4541525	501 (C) (3)	40,600.	0.			UNRESTRICTED
ARTS IGNITE 165 W. 46TH S., STE. 1310 NEW YORK, NY 10036	20-4532991	501 (C) (3)	76,500.	0.			UNRESTRICTED
ASIAN & PACIFIC ISLANDER COALITION ON HIV/AIDS INC - 400 BROADWAY - NEW YORK, NY 10013	13-3706365	501 (C) (3)	10,000.	0.			UNRESTRICTED
ASPIRE INDIANA HEALTH 9615 E. 148TH ST., STE. 1 NOBLESVILLE, IN 46060	47-4391083	501 (C) (3)	7,500.	0.			UNRESTRICTED
ATLANTA HARM REDUCTION COALITION, INC. - PO BOX 92670 - ATLANTA, GA 30318	58-2227958	501 (C) (3)	15,000.	0.			UNRESTRICTED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501 (C) (3)	10,000.	0.			UNRESTRICTED
BEACH CATHOLIC OUTREACH PROGRAM 315 E. WALNUT ST., LONG BEACH, NY 11561	35-2329202	501 (C) (3)	10,000.	0.			UNRESTRICTED
BEHIND THE SCENES FOUNDATION 630 9TH AVE., STE. 609 NEW YORK, NY 10036	38-3715781	501 (C) (3)	25,000.	0.			UNRESTRICTED
BEING ALIVE SAN DIEGO 3940 FOURTH AVE., STE. #130 SAN DIEGO, CA 92103	33-0439092	501 (C) (3)	10,000.	0.			UNRESTRICTED
BETANCES HEALTH UNIT INC. 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501 (C) (3)	7,500.	0.			UNRESTRICTED
BIENSTAR HUMAN SERVICES 5326 EAST BEVERLY BOULEVARD LOS ANGELES, CA 90022	65-4505737	501 (C) (3)	10,000.	0.			UNRESTRICTED
BIG BEND CARES 2201 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-2816580	501 (C) (3)	7,500.	0.			UNRESTRICTED
BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 WAR, WV 24892	55-0710393	501 (C) (3)	20,000.	0.			UNRESTRICTED
BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00940	66-0493399	501 (C) (3)	40,000.	0.			UNRESTRICTED

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BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501 (C) (3)	15,000.	0.			UNRESTRICTED
BLACK THEATRE COALITION, INC. 421 PACIFIC ST., APT. 1 BROOKLYN, NY 11217	85-1917024	501 (C) (3)	30,000.	0.			UNRESTRICTED
BLACK THEATRE UNITED 57 W. 57TH ST., NEW YORK, NY 10019	85-2146037	501 (C) (3)	35,000.	0.			UNRESTRICTED
BLOOMINGTON POSITIVE LINK/ INDIANA UNIVERSITY - 333 E. MILLER DRIVE - BLOOMINGTON, IN 47401	35-1720796	501 (C) (3)	7,500.	0.			UNRESTRICTED
BLUE MOUNTAIN HEART TO HEART 2316 EASTGATE ST., STE. 105 WALLA WALLA, WA 99362	91-1527239	501 (C) (3)	7,500.	0.			UNRESTRICTED
BORDERBELT AIDS RESOURCES TEAM, INC. - PO BOX 945 - LUMBERTON, NC 28358	56-1992644	501 (C) (3)	7,500.	0.			UNRESTRICTED
BORDERLAND RAINBOW CENTER 2714 WYOMING AVENUE EL PASO, TX 79903	74-2809637	501 (C) (3)	15,000.	0.			UNRESTRICTED
BOULDER COUNTY AIDS PROJECT 2118 FOURTEENTH STREET BOULDER, CO 80302	74-2442032	501 (C) (3)	7,500.	0.			UNRESTRICTED
BRENTWOOD COMMUNITY FOUNDATION 13033 LANDMARK STREET HOUSTON, TX 77045	76-0454398	501 (C) (3)	10,000.	0.			UNRESTRICTED

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BROADWAY ADVOCACY COALITION 250 WEST 99TH STREET, #6A NEW YORK, NY 10025	82-3374845	501 (C) (3)	35,000.	0.			UNRESTRICTED
BROADWAY BARKS, INC. 11100 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025	47-4080996	501 (C) (3)	60,000.	0.			UNRESTRICTED
BROADWAY EDUCATION ALLIANCE 103 EAST MARKET STREET RHINEBECK, NY 12572	32-0178901	501 (C) (3)	10,000.	0.			UNRESTRICTED
BROADWAY INSPIRATIONAL VOICES LLC 224 W. 30TH ST. #1006 NEW YORK, NY 10011	06-1592825	501 (C) (3)	33,618.	0.			UNRESTRICTED
BROOKLYN COMMUNITY PRIDE CENTER 1360 FULTON ST., GROUND FLOOR BROOKLYN, NY 11216	26-2214534	501 (C) (3)	10,000.	0.			UNRESTRICTED
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH STREET - NEW YORK, NY 10011	13-3409680	501 (C) (3)	42,500.	0.			UNRESTRICTED
CAMP HEARTLAND PROJECT/ ONE HEARTLAND - 2101 HENNEPIN AVENUE S., STE 107 - MINNEAPOLIS, MN 55405	39-1763115	501 (C) (3)	10,000.	0.			UNRESTRICTED
CANCER SUPPORT COMMUNITY 5614 CONNECTICUT AVE., NW, STE. 280 WASHINGTON, DC 20015	95-4163931	501 (C) (3)	26,000.	0.			UNRESTRICTED
CARACOLE, INC. 1821 SUMMIT ROAD, STE. 001 CINCINNATI, OH 45237	31-1210524	501 (C) (3)	12,500.	0.			UNRESTRICTED

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CARE FOR THE HOMELESS 30 EAST 33RD STREET NEW YORK, NY 10016	13-3666994	501 (C) (3)	7,500.	0.			UNRESTRICTED
CARE RESOURCE/COMMUNITY AIDS RESOURCE, INC. - 3510 BISCAYNE BLVD., STE. 300, 3RD FLOOR - MIAMI, FL 33137	59-2564198	501 (C) (3)	7,500.	0.			UNRESTRICTED
CARING COMMUNITIES FOR AIDS 301A W. THIRD STREET BERWICK, PA 18603	23-2815476	501 (C) (3)	7,500.	0.			UNRESTRICTED
CASA DE ESPERANZA DE LOS NINOS, INC. - PO BOX 66581 - HOUSTON, TX 77266-6581	76-0106306	501 (C) (3)	10,000.	0.			UNRESTRICTED
CASCADE AIDS PROJECT, INC. 208 SW FIFTH AVE., SUITE 800 PORTLAND, OR 97204	93-0903383	501 (C) (3)	7,500.	0.			UNRESTRICTED
CASITA MARIA, INC. 928 SIMPSON ST., 6TH FLOOR BRONX, NY 10459	13-1623994	501 (C) (3)	10,000.	0.			UNRESTRICTED
CB FESTIVAL PRODUCTIONS, LLC. 91 ANDERSON HILL ROAD PURCHASE, NY 10577	46-1672753	501 (C) (3)	15,000.	0.			UNRESTRICTED
CEDAR VALLEY HOSPICE 2101 KIMBALL AVE., STE. 401 WATERLOO, IA 50704	42-1135294	501 (C) (3)	7,500.	0.			UNRESTRICTED
CENTER FOR HEALTH JUSTICE 900 AVILA STREET, SUITE 301 LOS ANGELES, CA 90012	42-1605887	501 (C) (3)	10,000.	0.			UNRESTRICTED

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CENTER FOR INTEGRATED THERAPIES 11002 DETROIT AVENUE CLEVELAND, OH 44102	48-1290710	501 (C) (3)	7,500.	0.			UNRESTRICTED
CENTER FOR THEATER ARTS 250 MT. LEBANON BLVD., PITTSBURGH, PA 15234	25-1407710	501 (C) (3)	7,500.	0.			UNRESTRICTED
CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712	23-3253558	501 (C) (3)	20,000.	0.			UNRESTRICTED
CENTER ON HALSTEAD 3656 N. HALSTEAD STREET CHICAGO, IL 60613	51-0178807	501 (C) (3)	7,500.	0.			UNRESTRICTED
CENTRAL BAPTIST CHURCH OF BEARDEN/ SAMARITAN MINISTRY - 6300 DEANE HILL DR., - KNOXVILLE, TN 37919	11-1111111	501 (C) (3)	7,500.	0.			UNRESTRICTED
CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, INC. - 1902 WEST COLONIAL DRIVE - ORLANDO, FL 32804	59-3338309	501 (C) (3)	15,000.	0.			UNRESTRICTED
CENTRAL LOUISIANA AIDS SUPPORT SERVICES - 904 13TH STREET - ALEXANDRIA, LA 71301	72-1097079	501 (C) (3)	10,000.	0.			UNRESTRICTED
CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. - 18200 PAULSON DRIVE, UNIT A-1 - PORT CHARLOTTE, FL 33954	65-0498294	501 (C) (3)	12,500.	0.			UNRESTRICTED
CHELSEA RECOVERY CLUBHOUSE P.O. BOX 169 NEW YORK, NY 10113	20-5478541	501 (C) (3)	10,000.	0.			UNRESTRICTED

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CHICAGO HOUSE AND SOCIAL SERVICE AGENCY - 1925 N. CLYBOURN, SUITE 401 - CHICAGO, IL 60614	36-3376432	501 (C) (3)	45,000.	0.			UNRESTRICTED
CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501 (C) (3)	20,000.	0.			UNRESTRICTED
CHILDREN OF PARENTS WITH AIDS, INC. (COPWA) - COLLEGE STATION - NEW YORK, NY 10030-0602	13-3893391	501 (C) (3)	7,500.	0.			UNRESTRICTED
CHILDREN'S PLACE ASSOCIATION 1436 W. RANDOPLH, FFITH FLOOR CHICAGO, IL 60607	36-3641017	501 (C) (3)	7,500.	0.			UNRESTRICTED
CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202592	501 (C) (3)	10,000.	0.			UNRESTRICTED
CHRISTIE'S PLACE 2440 THIRD AVE. SAN DIEGO, CA 92101	91-1878632	501 (C) (3)	7,500.	0.			UNRESTRICTED
CHURCH OF THE HARVEST'S FOOD PANTRY - PO BOX 183 - PAHOKEE, FL 33476	65-1079385	501 (C) (3)	25,000.	0.			UNRESTRICTED
CHURCH OF THE HOLY APOSTLES/ HOLY APOSTLES SOUP KITCHEN - 296 NINTH AVENUE - NEW YORK, NY 10001	13-2892297	501 (C) (3)	20,000.	0.			UNRESTRICTED
CITILEAF HOUSING DEVELOPMENT FUND/ CITILEAFING HOUSING - 130 E. 25TH ST., - NEW YORK, NY 10010	13-3744465	501 (C) (3)	10,000.	0.			UNRESTRICTED

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CITYMEALS - ON - WHEELS 355 LEXINGTON AVE., 3RD FLOOR NEW YORK, NY 10017	13-3634381	501 (C) (3)	40,000.	0.			UNRESTRICTED
CLARE HOUSING/ CLARE HOUSE 929 CENTRAL AVE., NE MINNEAPOLIS, MN 55413	41-1794924	501 (C) (3)	10,000.	0.			UNRESTRICTED
CLARION U. OF PA/NORTHWEST PA RURAL AIDS ALLIANCE - 15898 ROUTE 322, SUITE 2 - CLARION, PA 16214	23-2250505	501 (C) (3)	7,500.	0.			UNRESTRICTED
COALITION ON AIDS IN PASSAIC COUNTY, INC. - 100 HAMILTON PLAZA, SUITE 1406 - PATERSON, NJ 07505	22-2855342	501 (C) (3)	7,500.	0.			UNRESTRICTED
COLORADO HEALTH NETWORK/ COLORADO AIDS PROJECT - 2490 W. 26TH AVE., #300A - DENVER, CO 80211	84-0961159	501 (C) (3)	20,000.	0.			UNRESTRICTED
COLUMBIA COUNTY RECOVERY KITCHEN P.O. BOX 183 SPENCERTOWN, NY 12165	85-3364199	501 (C) (3)	10,000.	0.			UNRESTRICTED
COLUMBIA-GREENE COMM FDTN., INC. 4400 ROUTE 23 HUDSON, NY 12534	22-2308614	501 (C) (3)	7,500.	0.			UNRESTRICTED
COLUMBUS WELLNESS CENTER OUTREACH AND PREVENTION PROJECT - 1220 WILDWOOD AVE. - COLUMBUS, GA 31906	58-2187837	501 (C) (3)	7,500.	0.			UNRESTRICTED
COMMUNITY AIDS NETWORK 895 NORTH MAIN ST. AKRON, OH 44310-2123	31-1506671	501 (C) (3)	10,000.	0.			UNRESTRICTED

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COMMUNITY AIDS RESOURCE & EDUCATION SVCS. (CARES) - 629 PIONEERS ST., STE. 200 - KALAMAZOO, MI 49008	38-2784545	501 (C) (3)	7,500.	0.			UNRESTRICTED
COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT STREET DETROIT, MI 48226	38-2704374	501 (C) (3)	15,000.	0.			UNRESTRICTED
COMMUNITY HOSPICE 47 LIBERTY STREET CATSKILL, NY 12414	22-2692940	501 (C) (3)	10,000.	0.			UNRESTRICTED
COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 (C) (3)	15,000.	0.			UNRESTRICTED
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501 (C) (3)	45,000.	0.			UNRESTRICTED
COMUNIDAD PARA ENVEJECIENTES SUENOS DORADOS DEL AYER - HC 7 PO BOX 98290 - ARECIBO, PR 00612	11-1111111	501 (C) (3)	15,000.	0.			UNRESTRICTED
CONNECTION CAF 635 NORTH CENTRAL AVENUE CONNERSVILLE, IN 47331	87-2354202	501 (C) (3)	7,500.	0.			UNRESTRICTED
COVENANT HOUSE, INC. 600 SHREWSBURY STREET CHARLESTON, WV 25301	31-1015583	501 (C) (3)	43,500.	0.			UNRESTRICTED
DAMIEN CENTER 26 NORTH ARSENAL AVENUE INDIANAPOLIS, IN 46201	35-1711878	501 (C) (3)	15,000.	0.			UNRESTRICTED

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DANCE FOR LIFE 3418 HUXLEY ST., LOS ANGELES, CA 90007	84-2625981	OTHER	10,000.	0.			UNRESTRICTED
DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 (C) (3)	15,000.	0.			UNRESTRICTED
DELAWARE HIV CONSORTIUM, INC. 100 WEST 10TH ST WILMINGTON, DE 19801	51-0348892	501 (C) (3)	7,500.	0.			UNRESTRICTED
DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501 (C) (3)	15,000.	0.			UNRESTRICTED
DIASPORA COMMUNITY SVCS./HAITIAN WOMEN'S PROGRAM - 182 FOURTH AVE., - BROOKLYN, NY 11217	11-3122295	501 (C) (3)	7,500.	0.			UNRESTRICTED
DNDI 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	20-8774179	501 (C) (3)	10,000.	0.			UNRESTRICTED
DOCTORS WITHOUT BORDERS / MEDECINS SANS FRONTIERES - 333 SEVENTH AVENUE, 2ND FLOOR - NEW YORK, NY 10001-5004	13-3433452	501 (C) (3)	10,000.	0.			UNRESTRICTED
DUTCHESS OUTREACH, INC. 29 NORTH HAMILTON ST., STE. 222 POUGHKEEPSIE, NY 12601	22-2339537	501 (C) (3)	10,000.	0.			UNRESTRICTED
EAC NETWORK 50 CLINTON STREET, STE. 107 HEMPSTEAD, NY 11550	23-7175609	501 (C) (3)	20,000.	0.			UNRESTRICTED

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ECUMENICAL MINISTRIES OF OREGON 2941 NE AINSWORTH ST. PORTLAND, OR 97211	93-0625359	501 (C) (3)	10,000.	0.			UNRESTRICTED
EDUCATIONAL THEATRE ASSOCIATION 2343 AUBURN AVENUE CINCINNATI, OH 45219	31-0743605	501 (C) (3)	15,000.	0.			UNRESTRICTED
ELM PROJECT 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1431690	501 (C) (3)	7,500.	0.			UNRESTRICTED
EMPOWER U, INC. 8309 NW 22ND AVE. MIAMI, FL 33147	65-0899207	501 (C) (3)	7,500.	0.			UNRESTRICTED
ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD. SANTA CRUZ, CA 95060	77-0129193	501 (C) (3)	10,000.	0.			UNRESTRICTED
ENCORE COMMUNITY SERVICES 239 W. 49TH STREET NEW YORK, NY 10019	13-3104293	501 (C) (3)	52,500.	0.			UNRESTRICTED
EPISCOPAL ACTORS' GUILD OF AMERICA, INC. - 1 EAST 29TH STREET - NEW YORK, NY 10016-7405	13-5563397	501 (C) (3)	15,000.	0.			UNRESTRICTED
EQUALITY FOUNDATION OF GEORGIA, INC./ COUNTER NARRATIVE PROJECT - 1530 DEKALB AVE., NE - ATLANTA, GA 30307	58-2346744	501 (C) (3)	25,000.	0.			UNRESTRICTED
EVERY DAY ACTION P.O. BOX 5591 NORTH HOLLYWOOD, CA 91616	85-1609710	501 (C) (3)	20,000.	0.			UNRESTRICTED

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EXONENTS, INC. 151 WEST 26TH STREET, 3RD FLOOR NEW YORK, NY 10001	13-3572677	501 (C) (3)	20,000.	0.			UNRESTRICTED
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68-0052664	501 (C) (3)	7,500.	0.			UNRESTRICTED
FAMILY CENTERS/STAMFORD CARES 888 WASHINGTON BLVD., 8TH FLOOR STAMFORD, CT 06901	06-0646656	501 (C) (3)	7,500.	0.			UNRESTRICTED
FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133	52-1438544	501 (C) (3)	35,000.	0.			UNRESTRICTED
FAMILY LINK 317 CASTRO STREET SAN FRANCISCO, CA 94114	94-2985217	501 (C) (3)	7,500.	0.			UNRESTRICTED
FAMILY SERVICE OF WESTCHESTER: CAMP VIVA - ONE GATEWAY PLAZA, 4TH FLOOR - PORT CHESTER, NY 10573	13-1773419	501 (C) (3)	7,500.	0.			UNRESTRICTED
FEEDING AMERICA TAMPA BAY INC./ FEEDING TAMPA BAY - 4702 TRANSPORT DR., BLDG 6 - TAMPA, FL 33605	59-2116576	501 (C) (3)	25,000.	0.			UNRESTRICTED
FEEDING SOUTH DAKOTA 4701 NORTH WESTPORT AVE., SIOUX FALLS, SD 57107	36-3293534	501 (C) (3)	12,500.	0.			UNRESTRICTED
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501 (C) (3)	30,000.	0.			UNRESTRICTED

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FIGHTING AIDS CONTINUOUSLY TOGETHER/ FACT BUCKS COUNTY - 31 N. SUGAR ROAD - NEW HOPE, PA 18938	23-2504602	501 (C) (3)	7,500.	0.			UNRESTRICTED
FIRST GRACE UNITED CHURCH OF CHRIST - 1265 S. CLEVELAND MASSILLON ROAD - COPLEY, OH 44321	13-1957221	501 (C) (3)	7,500.	0.			UNRESTRICTED
FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501 (C) (3)	45,000.	0.			UNRESTRICTED
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501 (C) (3)	40,000.	0.			UNRESTRICTED
FOOD BANK OF NORTH CENTRAL ARKANSAS - 1042 HIGHLAND CIRCLE - MOUNTAIN HOME, AR 72657	58-1881897	501 (C) (3)	20,000.	0.			UNRESTRICTED
FOOD FOR LIFE NETWORK/ CURE FOR AIDS, INC. - 3510 BISCAYNE BLVD., STE. 209 - MIAMI, FL 33137	59-2815277	501 (C) (3)	7,500.	0.			UNRESTRICTED
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68-0181095	501 (C) (3)	15,000.	0.			UNRESTRICTED
FOOD OUTREACH INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501 (C) (3)	45,000.	0.			UNRESTRICTED
FRACTURED ATLAS 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 (C) (3)	80,087.	0.			UNRESTRICTED

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FRANNIE PEABODY CENTER 30 DANFORTH STREET, SUITE 311 PORTLAND, ME 04101	01-0416974	501 (C) (3)	10,000.	0.			UNRESTRICTED
FRATERNITE NOTRE DAME, INC. 2290 FIRST AVENUE NEW YORK, NY 10035	13-3600714	501 (C) (3)	15,000.	0.			UNRESTRICTED
FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501 (C) (3)	12,500.	0.			UNRESTRICTED
FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 (C) (3)	15,000.	0.			UNRESTRICTED
FUND FOR THE CITY OF NY. INC./ SISTERHOOD MOBILIZED FOR AIDS/HIV RESEARCH & TREA - 158 E. 115TH ST., - NEW YORK, NY 10029	13-4020958	501 (C) (3)	15,000.	0.			UNRESTRICTED
FUNDACION LATINO AMERICANA CONTRA EL SIDA INC. - 6666 HARWIN DRIVE, SUITE 370 - HOUSTON, TX 77036-2264	76-0430109	501 (C) (3)	10,000.	0.			UNRESTRICTED
FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DRIVE, STE. 700 ARLINGTON, VA 22202	13-3869632	501 (C) (3)	35,000.	0.			UNRESTRICTED
GAY COMMUNITY AIDS PROJECT/GREATER COMMUNITY AIDS PROJECT - P.O. BOX 713 - CHAMPAIGN, IL 61824	37-1189518	501 (C) (3)	7,500.	0.			UNRESTRICTED
GBAPP 1470 BARNUM AVENUE BRIDGEPORT, CT 06610	06-1132473	501 (C) (3)	7,500.	0.			UNRESTRICTED

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GINA GIBNEY DANCE, INC. 280 BROADWAY NEW YORK, NY 10007	13-3623815	501 (C) (3)	11,910.	0.			UNRESTRICTED
GLOBAL GIVING: UKRAINE 1 THOMAS CIRCLE NW, STE. 800 WASHINGTON, DC 20005	30-0108263	501 (C) (3)	100,000.	0.			UNRESTRICTED
GO CARE (GREATER OUACHITA PROVIDING AIDS RESOURCES AND EDUCATION) - 1801 NORTH 7TH, SUITE A - WEST MONROE, LA 71291	72-1136639	501 (C) (3)	12,500.	0.			UNRESTRICTED
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501 (C) (3)	150,525.	0.			UNRESTRICTED
GOLDEN RAINBOW OF NEVADA INC. 714 E. SAHARA AVE., STE. 101 LAS VEGAS, NV 89104	94-3092947	501 (C) (3)	15,000.	0.			UNRESTRICTED
GRANNIES RESPOND P.O. BOX 1106 BEACON, NY 12508	83-3932245	501 (C) (3)	10,385.	0.			UNRESTRICTED
GREAT PLAINS FOOD BANK 1720 3RD AVE., N. FARGO, ND 58105	47-2229589	501 (C) (3)	20,000.	0.			UNRESTRICTED
GRIND ARTS COMPANY 257 W. 12TH ST., NEW YORK, NY 10014	81-2297087	501 (C) (3)	10,000.	0.			UNRESTRICTED
GRIOT CIRCLE 25 FLATBUSH AVE., 5TH FLOOR NEW YORK, NY 11217	11-3364328	501 (C) (3)	10,000.	0.			UNRESTRICTED

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GVNGORG / SUPPORT + FEED 907 WESTWOOD BLVD. STE. 414 LOS ANGELES, CA 90024-2904	81-2446261	501 (C) (3)	10,000.	0.			UNRESTRICTED
HARBOR HOUSE 77 NORTHEASTERN BLVD., NASHUA, NH 03062	02-0351932	501 (C) (3)	15,000.	0.			UNRESTRICTED
HARM REDUCTION ACTION COALITION 22W. 27TH ST., 9TH FLOOR NEW YORK, NY 10001	94-3204958	501 (C) (3)	25,000.	0.			UNRESTRICTED
HARMONY HOUSE 627 4TH AVENUE HUNTINGTON, WV 25701	55-0675036	501 (C) (3)	15,000.	0.			UNRESTRICTED
HAWAII HEALTH & HARM REDUCTION 677 ALA MOANA BLVD., #226 HONOLULU, HI 96813	99-0230542	501 (C) (3)	7,500.	0.			UNRESTRICTED
HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST. DETROIT, MI 48216	38-2719621	501 (C) (3)	25,000.	0.			UNRESTRICTED
HEALTH GLOBAL ACCESS 429 W. 127TH ST, 2ND FL NEW YORK, NY 10027	20-5053765	501 (C) (3)	20,000.	0.			UNRESTRICTED
HEALTH OUTREACH PREVENTION EDUCATION, INC. - 3540 EAST 31ST ST - TULSA, OK 74135	73-1537952	501 (C) (3)	7,500.	0.			UNRESTRICTED
HEALTH SERVICES CENTER, INC. PO BOX 1347 ANNISTON, AL 36202	63-0993592	501 (C) (3)	15,000.	0.			UNRESTRICTED

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HEALTH TRUST AIDS SERVICES 3180 NEWBERRY DR., STE 200 SAN JOSE, CA 95118	94-6050231	501 (C) (3)	15,000.	0.			UNRESTRICTED
HEARTLAND HEALTH OUTREACH/VITAL BRIDGES - 208 S LASALLE ST., STE. 1300 - CHICAGO, IL 60604	36-3775696	501 (C) (3)	15,000.	0.			UNRESTRICTED
HEIGHTS HILL MENTAL HEALTH SERVICE/ RAINBOW HEIGHTS - 25 FLATBUSH AVE., 3RD FLOOR - BROOKLYN, NY 11217	94-6050231	501 (C) (3)	10,000.	0.			UNRESTRICTED
HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR NEW YORK, NY 10005	13-3573852	501 (C) (3)	350,000.	0.			UNRESTRICTED
HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403-1933	93-0963546	501 (C) (3)	7,500.	0.			UNRESTRICTED
HIV RESOURCE CONSORTIUM, INC./TULSA C.A.R.E.S - 3712 E. 11TH STREET - TULSA, OK 74112	73-1388569	501 (C) (3)	20,000.	0.			UNRESTRICTED
HOLY CROSS CHURCH/CROSSROADS FOOD PANTRY - 227 W. 42ND ST., - NEW YORK, NY 10036	11-1111111	CHURCH	20,000.	0.			UNRESTRICTED
HOOVES ON THE GROUND HC 2 P.O. BOX 11201 VIEQUES, PR 00765	66-0972210	501 (C) (3)	6,000.	0.			UNRESTRICTED
HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE., STE. C HOT SPRINGS, AK 71901	71-0778076	501 (C) (3)	20,000.	0.			UNRESTRICTED

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HOUSING OPPORTUNITIES FOR WOMEN (HOW) - 1607 W. HOWARD STREET, 2ND FLOOR - CHICAGO, IL 60626	36-3263818	501 (C) (3)	7,500.	0.			UNRESTRICTED
HOUSING WORKS, INC. /PREVENTION ACCESS CAMPAIGN - 57 WILLOUGHBY STREET, 2ND FLOOR - BROOKLYN, NY 11201	13-3584089	501 (C) (3)	35,000.	0.			UNRESTRICTED
HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501 (C) (3)	30,000.	0.			UNRESTRICTED
HUDSON VALLEY LGBTQ COMM CENTER 300 WALL STREET, P.O. BOX 3994 KINGSTON, NY 12402	20-3721531	501 (C) (3)	17,500.	0.			UNRESTRICTED
HYACINTH AIDS FOUNDATION 317 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-2648820	501 (C) (3)	10,000.	0.			UNRESTRICTED
IDENTITY HOUSE 11 SAINT MARKS AVE., APT. 3L NEW YORK, NY 11217	13-3002230	501 (C) (3)	15,000.	0.			UNRESTRICTED
INDIANA RECOVERY ALLIANCE PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501 (C) (3)	7,500.	0.			UNRESTRICTED
INDIE THEATER FUND 4815 28TH AVENUE ASTORIA, NY 11103	46-1141592	501 (C) (3)	25,000.	0.			UNRESTRICTED
INREACH 40 RECTOR ST., 9TH FLOOR NEW YORK, NY 10006	81-1066673	501 (C) (3)	7,500.	0.			UNRESTRICTED

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INSPIRICA 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501 (C) (3)	7,500.	0.			UNRESTRICTED
INTERFAITH AIDS MINISTRY OF GREATER DANBURY - 39 ROSE STREET - DANBURY, CT 06810	06-1314001	501 (C) (3)	10,000.	0.			UNRESTRICTED
INTERFAITH RESIDENCE/ DOORWAYS 4385 MARYLAND AVE., ST. LOUIS, MO 63108	43-1484279	501 (C) (3)	10,000.	0.			UNRESTRICTED
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007	13-5660870	501 (C) (3)	150,000.	0.			UNRESTRICTED
IRIS HOUSE 2348 ADAM CLAYTON POWELL JR. BLVD. NEW YORK, NY 10030	13-3699201	501 (C) (3)	27,500.	0.			UNRESTRICTED
JASMYN- JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK - P.O. BOX 380103 - JACKSONVILLE, FL 32204	59-3284175	501 (C) (3)	15,000.	0.			UNRESTRICTED
JERUSALEM HOUSE, INC. 17 EXECUTIVE PARK DR. NE, STE. 290 ATLANTA, GA 30318-2542	58-1829807	501 (C) (3)	7,500.	0.			UNRESTRICTED
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84-0402701	501 (C) (3)	7,500.	0.			UNRESTRICTED
JONAH BOKAER ARTS FOUNDATION, INC. 304 BOERUM STREET, APT. 23 BROOKLYN, NY 11206	56-2630951	501 (C) (3)	10,001.	0.			UNRESTRICTED

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JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501 (C) (3)	20,000.	0.			UNRESTRICTED
JOSHUA'S HEART FDTN, INC./FIRST CARE FOUNDATION - 2040 NE 163RD ST., #303 - N. MIAMI BEACH, FL 33162	32-0212441	501 (C) (3)	20,000.	0.			UNRESTRICTED
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 (C) (3)	10,000.	0.			UNRESTRICTED
KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501 (C) (3)	25,000.	0.			UNRESTRICTED
LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC. - 120 WALL STREET, STE. 1500 - NEW YORK, NY 10005	23-7395681	501 (C) (3)	20,000.	0.			UNRESTRICTED
LANSING AREA AIDS NETWORK 913 W. HOLMES RD., SUITE 115 LANSING, MI 48910	38-2791807	501 (C) (3)	10,000.	0.			UNRESTRICTED
LATINOS SALUD 2330 WILTON DRIVE WILTON MANORS, FL 33305	26-2763535	501 (C) (3)	7,500.	0.			UNRESTRICTED
LEGACY COUNSELING CENTER 4054 MCKINNEY AVE., STE. 102 DALLAS, TX 75204	75-2296536	501 (C) (3)	7,500.	0.			UNRESTRICTED
LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 (C) (3)	10,000.	0.			UNRESTRICTED

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LESBIAN & GAY COMMUNITY SVCS CTR., INC. - 350 SEVENTH AVE., #1603 - NEW YORK, NY 10001	13-3217805	501 (C) (3)	241,860.	0.			UNRESTRICTED
LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE STREET, FLOOR 2 NEW HAVEN, CT 06510	22-2849124	501 (C) (3)	10,000.	0.			UNRESTRICTED
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	25,000.	0.			UNRESTRICTED
LIFELONG AIDS ALLIANCE 1002 EAST SENECA STREET SEATTLE, WA 98122	91-1215715	501 (C) (3)	45,000.	0.			UNRESTRICTED
LIVE AND IN COLOR 255 W. 108TH ST., STE. 1D NEW YORK, NY 10025	11-3451703	501 (C) (3)	7,059.	0.			UNRESTRICTED
LOCAL 802 SENIOR MUSICIANS ASSOCIATION - LOCAL 802, AFM, 322 WEST 48TH STREET - NEW YORK, NY 10036	13-6226520	501 (C) (3)	35,000.	0.			UNRESTRICTED
LOS ANGELES LGBT COMMUNITY SERVICES CENTER - 1625 NORTH SCHRADER BLVD. - LOS ANGELES, CA 90028	95-3567895	501 (C) (3)	51,000.	0.			UNRESTRICTED
MAESTRA MUSIC, INC. 215 W. 104TH ST., #237 NEW YORK, NY 10025	83-3439518	501 (C) (3)	25,000.	0.			UNRESTRICTED
MAITRI 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	94-3189198	501 (C) (3)	20,000.	0.			UNRESTRICTED

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MAKE-A-WISH GREATER LOS ANGELES, INC. - 11390 W. OLYMPIC BLVD., STE. 300 - LOS ANGELES, CA 90064	95-4107024	501 (C) (3)	7,500.	0.			UNRESTRICTED
MAKING GAY HISTORY 357 W. 20TH ST., NEW YORK, NY 10011	85-3561344	501 (C) (3)	25,000.	0.			UNRESTRICTED
MAMA'S KITCHEN, INC. 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501 (C) (3)	45,000.	0.			UNRESTRICTED
MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501 (C) (3)	12,500.	0.			UNRESTRICTED
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501 (C) (3)	20,000.	0.			UNRESTRICTED
MAZZONI CENTER 21 SOUTH 12TH STREET, 12TH FLOOR PHILADELPHIA, PA 19107	23-2176338	501 (C) (3)	30,000.	0.			UNRESTRICTED
MEDICAL ADVOCACY & OOUTREACH OF ALABAMA - 2900 MCGEHEE ROAD - MONTGOMERY, AL 36111	63-0959628	501 (C) (3)	20,000.	0.			UNRESTRICTED
MEDICARE RIGHTS CENTER - ACTORS FUND - 520 EIGHTH AVENUE - NEW YORK, NY 10018	13-3505372	501 (C) (3)	20,000.	0.			UNRESTRICTED
MEN'S HEALTH FOUNDATION 9201 W SUNSET BLVD, STE. 812 LOS ANGELES, CA 90069	47-0989142	501 (C) (3)	10,000.	0.			UNRESTRICTED

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MERCY HOUSE LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501 (C) (3)	7,500.	0.			UNRESTRICTED
METROPOLITAN AIDS NEIGHBORHOOD NUTRITION ALLIANCE (MANNA) - 2323 RANSTEAD STREETM - PHILADELPHIA, PA 19103	23-2586142	501 (C) (3)	45,000.	0.			UNRESTRICTED
METROPOLITAN COMMUNITY CHURCH OF NY(MCCNY) - 446 W. 36TH ST., - NEW YORK, NY 10018	13-4230871	501 (C) (3)	25,000.	0.			UNRESTRICTED
MISSOULA AIDS FUND/OPEN AID ALLIANCE - 1500 WEST BROADWAY, STE. A - MISSOULA, MT 59802	36-3652244	501 (C) (3)	10,000.	0.			UNRESTRICTED
MONTROSE CLINIC / LEGACY COMMUNITY HEALTH SERVICES, INC. - 215 WESTHEIMER - HOUSTON, TX 77006	76-0009637	501 (C) (3)	30,000.	0.			UNRESTRICTED
MONTROSE COUNSELING CENTER, INC. 401 BRANARD STREET, 2ND FLOOR HOUSTON, TX 77006	74-2050245	501 (C) (3)	10,000.	0.			UNRESTRICTED
MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE LEVY PLACE, BOX 1049 NEW YORK, NY 10029	13-6171197	501 (C) (3)	50,000.	0.			UNRESTRICTED
MOVEABLE FEAST INC. 901 NORTH MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501 (C) (3)	45,000.	0.			UNRESTRICTED
MOVEMENT STRATEGY CENTER 436 14TH ST., #500 OAKLAND, CA 94612	20-1037643	501 (C) (3)	20,000.	0.			UNRESTRICTED

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MY BROTHER'S KEEPER, INC. 407 ORCHARD PARK, BLDG. 1 RIDGELAND, MS 39157	64-0937314	501 (C) (3)	7,500.	0.			UNRESTRICTED
MY FRIEND'S PLACE 5850 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	95-4834034	501 (C) (3)	20,000.	0.			UNRESTRICTED
N STREET VILLAGE 1333 N ST., NW WASHINGTON, DC 20005	52-2069681	501 (C) (3)	7,500.	0.			UNRESTRICTED
NATIONAL ABORTION RIGHTS ACTION LEAGUE - 1725 EYE ST. NW, STE. 900 - WASHINGTON, DC 20006	52-1100361	501 (C) (3)	150,000.	0.			UNRESTRICTED
NATIONAL AIDS HOUSING COALITION 1000 VERMONT AVE., NW, STE. 1000 WASHINGTON, DC 20005	52-1917624	501 (C) (3)	15,000.	0.			UNRESTRICTED
NATIONAL CENTER FOR TRANSGENDER EQUALITY - 1133 19TH ST. NW, STE. 302 - WASHINGTON, DC 20036	41-2090291	501 (C) (3)	30,000.	0.			UNRESTRICTED
NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET, NW WASHINGTON, DC 20009	52-1578289	501 (C) (3)	10,000.	0.			UNRESTRICTED
NATIONAL QUEER THEATER 1854 ADAM CLAYTON POWELL JR BLVD., NEW YORK, NY 10026	83-0895347	501 (C) (3)	18,500.	0.			UNRESTRICTED
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501 (C) (3)	7,500.	0.			UNRESTRICTED

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NAT'L CTR. FOR CIVIC INNOVATION/ CENTER FOR HIV - 65 BROADWAY, STE. 832 - NEW YORK, NY 10006	02-0590588	501 (C) (3)	20,000.	0.			UNRESTRICTED
NEBRASKA AIDS PROJECT, INC. 250 S. 77TH STREET, STE. A OMAHA, NE 68114	47-0786622	501 (C) (3)	15,000.	0.			UNRESTRICTED
NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH - 410 WEST 40TH STREET - NEW YORK, NY 10018	27-2151000	501 (C) (3)	12,052.	0.			UNRESTRICTED
NEW AVENUES FOR YOUTH 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93-0910213	501 (C) (3)	15,000.	0.			UNRESTRICTED
NEW ORLEANS MUSICIANS CLINIC (NOMC) - 1525 LOUISIANA AVE - NEW ORLEANS, LA 70115	20-8139539	501 (C) (3)	27,600.	0.			UNRESTRICTED
NEW YORK CITY GAY & LESBIAN 24 W. 25TH ST., 12TH FLOOR NEW YORK, NY 10010	13-3149200	501 (C) (3)	10,000.	0.			UNRESTRICTED
NEW YORK CIVIL LIBERTIES UNION 125 BROAD ST., 19TH FLOOR NEW YORK, NY 10004	13-6167267	501 (C) (3)	20,000.	0.			UNRESTRICTED
NEW YORK LIVE ARTS, INC. 219 W. 19TH ST., NEW YORK, NY 10011	13-6206608	501 (C) (3)	15,000.	0.			UNRESTRICTED
NEW YORK UNIVERSITY / NYU GROSSMAN SCHOOL OF MEDICINE - 145 E. 32ND ST., PENTHOUSE - NEW YORK, NY 10016	13-5562308	501 (C) (3)	7,500.	0.			UNRESTRICTED

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NORTH CAROLINA AIDS ACTION NETWORK P.O. BOX 25044 RALEIGH, NC 27611	32-0323779	501 (C) (3)	15,000.	0.			UNRESTRICTED
NORTH IDAHO AIDS COALITION 2201 GOVERNMENT WAY, STE. L COEUR D'ALENE, ID 83814	82-0509161	501 (C) (3)	10,000.	0.			UNRESTRICTED
NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501 (C) (3)	20,000.	0.			UNRESTRICTED
NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501 (C) (3)	7,500.	0.			UNRESTRICTED
NYC HEALTH + HOSPITALS/ METROPOLITAN - 1901 FIRST AVE., 1B2 EXECUTIVE SUITE - NEW YORK, NY 10029	13-2655001	501 (C) (3)	10,000.	0.			UNRESTRICTED
OFF THE LANE, INC. 305 7TH AVE., 17TH FLOOR NEW YORK, NY 10001	83-3323252	501 (C) (3)	5,150.	0.			UNRESTRICTED
OKALOOSA AIDS SUPP & INFORM SVCS. (OASIS) - 745 NW BEAL PKWY., UNIT 10 - FT. WALTON BEACH, FL 32547	59-3089946	501 (C) (3)	12,500.	0.			UNRESTRICTED
OPEN ARMS INC./BRYAN'S HOUSE P.O. BOX 35868 DALLAS, TX 75235	75-2217559	501 (C) (3)	10,000.	0.			UNRESTRICTED
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE S. MINNEAPOLIS, MN 55404	41-1681317	501 (C) (3)	45,000.	0.			UNRESTRICTED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 (C) (3)	10,000.	0.			UNRESTRICTED
OPEN HANDS FOOD PANTRY ST. JOHN'S EPISCOPAL CHURCH - 26998 WOODLAND AVE., - ROYAL OAK, MI 48067	38-3984472	501 (C) (3)	10,000.	0.			UNRESTRICTED
OPEN STAGE PROJECT, INC. 526 W. 26TH ST., STUDIO #522 NEW YORK, NY 10001	83-3782341	501 (C) (3)	10,000.	0.			UNRESTRICTED
OPENING ACT P.O. BOX 25613, CAMDEN PLAZA STATIO BROOKLYN, NY 11202	13-4127500	501 (C) (3)	7,625.	0.			UNRESTRICTED
OTHER OPTIONS, INC. 3636 NORTHWEST 51ST OKLAHOMA CITY, OK 73112	73-1341319	501 (C) (3)	20,000.	0.			UNRESTRICTED
OUR HOUSE OF PORTLAND 2727 SE ALDER ST. PORTLAND, OR 97214	93-0986632	501 (C) (3)	20,000.	0.			UNRESTRICTED
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, STE. 1505 NEW YORK, NY 10038	94-3139952	501 (C) (3)	10,000.	0.			UNRESTRICTED
PACTA, INC. CALLE DOMINGO RBUIO, #60, STE. 2 ARECIBO, PR 00613	66-0529242	501 (C) (3)	10,000.	0.			UNRESTRICTED
PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD CHARLESTON, SC 29405	57-0905550	501 (C) (3)	10,000.	0.			UNRESTRICTED

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PANHANDLE AIDS SUPPORT ORGANIZATION, INC. - 1523 SOUTH TAYLOR - AMARILLO, TX 79101	75-2219593	501 (C) (3)	7,500.	0.			UNRESTRICTED
PANTRY OF BROWARD 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	74-3215234	501 (C) (3)	10,000.	0.			UNRESTRICTED
PATOKA VALLEY AIDS COMMUNITY ACTION - P.O. BOX 357 - VINCENNES, IN 47591	35-2042383	501 (C) (3)	7,500.	0.			UNRESTRICTED
PEOPLE'S HARM REDUCTION ALLIANCE PO BOX 85038 SEATTLE, WA 98145	35-2307112	501 (C) (3)	10,000.	0.			UNRESTRICTED
PERSAD CENTER 5301 BUTLERS ST., #100 PITTSBURGH, PA 15201	25-1234680	501 (C) (3)	10,000.	0.			UNRESTRICTED
PETER & PAUL COMMUNITY SERVICES, INC. - 1025 PARK AVENUE, SUITE 1023 - ST. LOUIS, MO 63104-3720	43-1349643	501 (C) (3)	7,500.	0.			UNRESTRICTED
PETS ARE LOVING SUPPORT PO BOX 1539 GUERNEVILLE, CA 95446	68-0295834	501 (C) (3)	25,000.	0.			UNRESTRICTED
PHILADELPHIA CENTER - MERCY CENTER 740 AUSTIN PLACE SHREVEPORT, LA 71101	72-1204252	501 (C) (3)	10,000.	0.			UNRESTRICTED
PIERCE COUNTY AIDS FOUNDATION 3009 SOUTH 40TH STREET TACOMA, WA 98409	91-1385245	501 (C) (3)	7,500.	0.			UNRESTRICTED

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PINES CARE CENTER P.O. BOX 5333 FIRE ISLAND PINES, NY 11782	11-2644470	501 (C) (3)	25,000.	0.			UNRESTRICTED
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS ST., FL. 10 - NEW YORK, NY 10036	13-1644147	501 (C) (3)	152,150.	0.			UNRESTRICTED
POINTS OF DISTRIBUTION/ S. CAROLINA OVERDOSE - 1408 DUNBAR STREET, UNIT 1 - MYRTLE BEACH, SC 29577	80-0285340	501 (C) (3)	10,000.	0.			UNRESTRICTED
PORT DEFIANCE AIDS PROJECT/ SLO BANGERS - 1351 ROYAL WAY, #5 - SAN LUIS OBISPO, CA 93405	91-1435394	501 (C) (3)	7,500.	0.			UNRESTRICTED
POSITIVE RESOURCE CENTER 525 OXFORD STREET FORT WAYNE, IN 46806	31-1191147	501 (C) (3)	7,500.	0.			UNRESTRICTED
POSITIVE WELLNESS ALLIANCE, INC. PO BOX 703 LEXINGTON, NC 27293	56-1885607	501 (C) (3)	7,500.	0.			UNRESTRICTED
POVERELLO CENTER, INC. 2056 NORTH DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0056218	501 (C) (3)	15,000.	0.			UNRESTRICTED
PREP4ALL COLLABORATION 520 EASTERN PARKWAY, APT. 2F BROOKLYN, NY 11225	85-3596607	501 (C) (3)	97,750.	0.			UNRESTRICTED
PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE, LOWER LEVEL PHILADELPHIA, PA 19133	23-2663699	501 (C) (3)	20,000.	0.			UNRESTRICTED

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PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR PITTSBURGH, PA 15221	25-1852314	501 (C) (3)	15,000.	0.			UNRESTRICTED
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038-2702	95-4115863	501 (C) (3)	45,000.	0.			UNRESTRICTED
PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501 (C) (3)	45,000.	0.			UNRESTRICTED
PROJECT HOPE: CRISIS IN UKRAINE 1220 19TH STREET NW, STE. 800 WASHINGTON, DC 20036	53-0242962	501 (C) (3)	100,000.	0.			UNRESTRICTED
PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	30,000.	0.			UNRESTRICTED
PROJECT LAZARUS PO BOX 3906 NEW ORLEANS, LA 70177-3906	72-1154192	501 (C) (3)	7,500.	0.			UNRESTRICTED
PROJECT OPEN HAND/ATLANTA 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	90,000.	0.			UNRESTRICTED
PROJECT RENEWAL INC. 200 VARICK ST., 9TH FLOOR NEW YORK, NY 10014	13-2602882	501 (C) (3)	10,000.	0.			UNRESTRICTED
PROJECT RESPONSE AIDS CENTER - NORTH - 745 SOUTH APOLLO BLVD. - MELBOURNE, FL 32901	59-3036563	501 (C) (3)	10,000.	0.			UNRESTRICTED

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PROJECT SAFETY NET NY 60 ADAMS AVE., HAUPPAUGE, NY 11788	11-2809739	501 (C) (3)	7,500.	0.			UNRESTRICTED
PROJECT TRANSITIONS, INC. PO BOX 4826 AUSTIN, TX 78765	74-2502171	501 (C) (3)	10,000.	0.			UNRESTRICTED
RADIANT HEALTH CENTERS 17982 SKY PARK CIRCLE, SUITE J IRVINE, CA 92614	33-0126481	501 (C) (3)	10,000.	0.			UNRESTRICTED
RAUSCHENBUSCH METRO MINISTRIES 410 W. 40TH STREET NEW YORK, NY 10018	13-3859713	501 (C) (3)	25,000.	0.			UNRESTRICTED
REACH MINISTRIES 309 SOUTH G STREET, SUITE 3 TACOMA, WA 98405	91-1644321	501 (C) (3)	7,500.	0.			UNRESTRICTED
RECTOR CHURCH WARDENS & VESTRY MEMBERS ST. LUKE CHURCH - 487 HUDSON ST. - NEW YORK, NY 10014	13-2861673	501 (C) (3)	20,000.	0.			UNRESTRICTED
REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOMA - 5001 N. PENNSYLVANIA, SUITE 100 - OKLAHOMA CITY, OK 73112	73-1375796	501 (C) (3)	30,000.	0.			UNRESTRICTED
ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO - 100 DIAMOND STREET - SAN FRANCISCO, CA 94114-2414	94-1156774	501 (C) (3)	7,500.	0.			UNRESTRICTED
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501 (C) (3)	10,000.	0.			UNRESTRICTED

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SAFE HORIZON/STREETWORK 2 LAFAYETTE STREET NEW YORK, NY 10007	13-2946970	501 (C) (3)	15,000.	0.			UNRESTRICTED
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501 (C) (3)	15,000.	0.			UNRESTRICTED
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501 (C) (3)	50,000.	0.			UNRESTRICTED
SAN FRANCISCO STUDY CENTER 1663 MISSION ST., STE. 310 SAN FRANCISCO, CA 94103	94-2168838	501 (C) (3)	10,000.	0.			UNRESTRICTED
SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK - PO BOX 12158 - SAN LUIS OBISPO, CA 93406	77-0205717	501 (C) (3)	20,000.	0.			UNRESTRICTED
SAY - THE STUTTERING ASSOC FOR THE YOUNG - 55 W. 39TH ST., STE. 1001 - NEW YORK, NY 10018	33-1049070	501 (C) (3)	20,000.	0.			UNRESTRICTED
SELMA AIR PO BOX 396 SELMA, AL 36701	63-1133272	501 (C) (3)	10,000.	0.			UNRESTRICTED
SENIOR ACTION IN A GAY ENVIRONMENT 305 SEVENTH AVE., SUITE 15 NEW YORK, NY 10001	13-2947657	501 (C) (3)	35,000.	0.			UNRESTRICTED
SHANNON'S S.H.A.R.E. FOUNDATION 120-24 223RD ST., CAMBRIA HEIGHTS, NY 11411	51-0172429	501 (C) (3)	10,000.	0.			UNRESTRICTED

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SHANTI 730 POLK STREET, 3RD FLOOR SAN FRANCISCO, CA 94109	94-2297147	501 (C) (3)	7,500.	0.			UNRESTRICTED
SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA STREET PITTSBURGH, PA 15224-2127	25-1781394	501 (C) (3)	17,500.	0.			UNRESTRICTED
SING FOR YOUR SENIORS INC 1834 2ND AVENUE NEW YORK, NY 10128	20-8052382	501 (C) (3)	8,500.	0.			UNRESTRICTED
SKYLIGHT THEATRE COMPANY 1618 1/2 N. VERMONT AVENUE LOS ANGELES, CA 90027	95-4007314	501 (C) (3)	8,500.	0.			UNRESTRICTED
SOAR WV 6 VINE STREET CHARLESTON, SC 25302	85-0586081	501 (C) (3)	7,500.	0.			UNRESTRICTED
SOCIAL & ENVIRONMENTAL ENTREPRENEURS (SEE) - 23532 CALABASAS RD., STE. A - CALABASAS, CA 91302	95-4116679	501 (C) (3)	30,000.	0.			UNRESTRICTED
SONORAN PREVENTION WORKS 3201 N. 16TH ST., STE.9 PHOENIX, AZ 85016	30-0760098	501 (C) (3)	10,000.	0.			UNRESTRICTED
SOURCE LGBT+ CENTER 208 W. MAIN ST., STE. N VISALIA, CA 93291	81-1907707	501 (C) (3)	10,000.	0.			UNRESTRICTED
SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER STREET EL DORADO, AR 71730	71-0705708	501 (C) (3)	7,500.	0.			UNRESTRICTED

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SOUTH JERSEY AGAINST AIDS, INC. 2604 PACIFIC AVE WILDWOOD, NJ 08260	22-2686586	501 (C) (3)	7,500.	0.			UNRESTRICTED
SOUTHERN AIDS COALITION 530 BEACON PARKWAY W., STE. 503 BIRMINGHAM, AL 35209	63-0985623	501 (C) (3)	20,000.	0.			UNRESTRICTED
SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE TUCSON, AZ 85719-6644	86-0864100	501 (C) (3)	10,000.	0.			UNRESTRICTED
SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET LAKE CHARLES, LA 70601	72-1115522	501 (C) (3)	15,000.	0.			UNRESTRICTED
SOUTHWEST RECOVERY ALLIANCE 1645 E. THOMAS ROAD, #3117 PHOENIX, AZ 85016	83-2201070	501 (C) (3)	7,500.	0.			UNRESTRICTED
SPAHR CENTER 910 IRVIN STREET SAN RAFAEL, CA 94901	68-0072470	501 (C) (3)	7,500.	0.			UNRESTRICTED
SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501 (C) (3)	25,000.	0.			UNRESTRICTED
SPOKANE AIDS NETWORK 1121 S .PERRY ST., SPOKANE , WA 99202	91-1380583	501 (C) (3)	10,000.	0.			UNRESTRICTED
ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036	11-1111111	CHURCH	20,000.	0.			UNRESTRICTED

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ST. JOHN'S WELL CHILD & FAMILY CENTER - 808 WEST 58TH STREET - LOS ANGELES, CA 90037	95-4067758	501 (C) (3)	7,500.	0.			UNRESTRICTED
ST. LUKE'S LUTHERAN CHURCH 308 W. 46TH ST., NEW YORK, NY 10036	11-1111111	CHURCH	22,500.	0.			UNRESTRICTED
STREET WORKS 520 SYLVAN STREET NASHVILLE, TN 37206	62-1806967	501 (C) (3)	12,500.	0.			UNRESTRICTED
SUNBURST PROJECTS 1025 19TH STREET, SUITE 1A SACRAMENTO, CA 95811	68-0239282	501 (C) (3)	7,500.	0.			UNRESTRICTED
SUZERAIN 105 GRIST MILL COURT LEXINGTON, KY 29072	81-3622373	501 (C) (3)	7,500.	0.			UNRESTRICTED
SVCS. FOR CHILDREN WITH HIDDEN INTELLIGENCE - 1001 AVENUE OF THE AMERICAS, 4TH FLOOR - NEW YORK, NY 10018	22-3301312	501 (C) (3)	7,500.	0.			UNRESTRICTED
THE ACTORS' FUND OF AMERICA 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10019	13-1635251	501 (C) (3)	6,551,000.	0.			UNRESTRICTED
THE AIDS INSTITUTE (TAI) 17 DAVIS BLVD., STE. 403 TAMPA, FL 33606	65-0380952	501 (C) (3)	10,000.	0.			UNRESTRICTED
THE AIDS TASK FORCE OF THE UPPER OHIO VALLEY - P.O. BOX 6360 - WHEELING, WV 26003-0805	55-0679690	501 (C) (3)	10,000.	0.			UNRESTRICTED

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THE AL HIRSCHFELD FOUNDATION 7 PENN PLAZA, STE. 1700 NEW YORK, NY 10001	20-0908729	501 (C) (3)	8,490.	0.			UNRESTRICTED
THE ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501 (C) (3)	12,500.	0.			UNRESTRICTED
THE AMERICAN THEATRE WING 230 W. 41ST ST., STE. 1101 NEW YORK, NY 10036	13-1893906	501 (C) (3)	11,500.	0.			UNRESTRICTED
THE ENTERTAINMENT COMMUNITY FUND 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10019	13-1635251	501 (C) (3)	1,700,000.	0.			UNRESTRICTED
THE GENERATIONS PROJECT P.O. BOX 110738 BROOKLYN, NY 11211	11-1111111	501 (C) (3)	13,525.	0.			UNRESTRICTED
THE HOPE DINNERS AT ST. AUGUSTINE'S - 116 SIXTH AVE., - BROOKLYN, NY 11221	11-1111111	CHURCH	15,000.	0.			UNRESTRICTED
THE JOYCE THEATRE FOUNDATION, INC. 175 EIGHTH AVENUE NEW YORK, NY 10011	13-3038262	501 (C) (3)	8,371.	0.			UNRESTRICTED
THE LGBT COMMUNITY CENTER OF THE DESERT - 1301 NORTH PALM CANYON DR., #301 - PALM SPRINGS, CA 92262	33-0937301	501 (C) (3)	15,000.	0.			UNRESTRICTED
THE PINES FOUNDATION, INC. P.O. BOX 5305 FIRE ISLAND PINES, NY 11782	11-3488704	501 (C) (3)	12,790.	0.			UNRESTRICTED

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THE PULMONARY FIBROSIS FOUNDATION 811 WEST EVERGREEN AVE SUITE 204 CHICAGO, IL 60642	84-1558631	501 (C) (3)	35,000.	0.			UNRESTRICTED
THE RIVER FUND 11155 ROSELAND ROAD, UNIT 16 SEBASTIAN, FL 32958	59-3212877	501 (C) (3)	25,000.	0.			UNRESTRICTED
THE SERO PROJECT PO BOX 1233 MILFORD, PA 18337	39-1902814	501 (C) (3)	30,000.	0.			UNRESTRICTED
THE STRILITE FOUNDATION 8615 CHICOT ROAD LITTLE ROCK, AR 72209	83-4396536	501 (C) (3)	15,000.	0.			UNRESTRICTED
THE TANK 312 W. 36TH ST., NEW YORK, NY 10018	01-0798319	501 (C) (3)	35,250.	0.			UNRESTRICTED
THE TREVOR PROJECT 9056 SANTA MONICA BLVD. #208 WEST HOLLYWOOD, CA 90069	95-4681287	501 (C) (3)	10,000.	0.			UNRESTRICTED
THE WATERSHED CENTER/ROCK STEADY FARM & FLOWERS - 41 KAYE ROAD - MILLERTON, NY 12546	36-4624060	501 (C) (3)	12,500.	0.			UNRESTRICTED
THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE., NE WASHINGTON, DC 20018	52-1929922	501 (C) (3)	12,500.	0.			UNRESTRICTED
THRIVE YOUTH CENTER 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	47-1528452	501 (C) (3)	7,500.	0.			UNRESTRICTED

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THRIVEBX OF SUN RIVER HEALTH 459 EAST 149TH ST., 2ND FLOOR NEW YORK, NY 10010	13-2828349	501 (C) (3)	20,000.	0.			UNRESTRICTED
THURSDAY'S CHILD 80 TERRY STREET PATCHOGUE, NY 11772-3817	11-3068809	501 (C) (3)	7,500.	0.			UNRESTRICTED
TIDES CENTER/HOMELESS YOUTH ALLIANCE - PO BOX 170427 - SAN FRANCISCO, CA 94117	94-3213100	501 (C) (3)	10,000.	0.			UNRESTRICTED
TIMES SQUARE DISTRICT MANAGEMENT ASSOCIATION, INC. - 1560 BROADWAY, STE. 1001 - NEW YORK, NY 10036	13-3627527	501 (C) (3)	10,000.	0.			UNRESTRICTED
TOGETHER HELPING OTHERS, INC. 800 3RD AVE., STE. 2800 NEW YORK, NY 10022	83-0663474	501 (C) (3)	10,000.	0.			UNRESTRICTED
TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (C) (3)	17,500.	0.			UNRESTRICTED
TRANSGENDER LEGAL DEFENSE & EDUCATION FUND - 20 W. 20TH ST., STE. 705 - NEW YORK, NY 10011	04-3762842	501 (C) (3)	10,000.	0.			UNRESTRICTED
TREATMENT ACTION GROUP (TAG) 261 FIFTH AVENUE, STE. 2110 NEW YORK, NY 10016	13-3624785	501 (C) (3)	34,000.	0.			UNRESTRICTED
TRINITY HAVEN 3561 N. PENNSYLVANIA ST., INDIANAPOLIS, IN 46205	82-5358554	501 (C) (3)	6,026.	0.			UNRESTRICTED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-STATE ALLIANCE, INC. PO BOX 2901 EVANSVILLE, IN 47728	35-1636272	501 (C) (3)	20,000.	0.			UNRESTRICTED
TROY AREA UNITED MINISTRIES, INC. 392 SECOND STREET TROY, NY 12180	14-1635408	501 (C) (3)	22,500.	0.			UNRESTRICTED
TRUTH WINS OUT 6081 LAKE HIBISCUS DRIVE DELRAY BEACH, FL 33484	20-5125079	501 (C) (3)	17,500.	0.			UNRESTRICTED
TUCSON INTERFAITH HIV/AIDS NETWORK (TIHAN) - 260 1ST AVENUE - TUCSON, AZ 85719	86-0819574	501 (C) (3)	7,500.	0.			UNRESTRICTED
TWIN STATES WOMEN'S NETWORK P.O. BOX 75 WILLIAMSTOWN, VT 05679	04-3373364	501 (C) (3)	7,500.	0.			UNRESTRICTED
UNITED STATES CATHOLIC CO/URSULINE SISTERS HIV/AIDS MINISTRY - 4250 SHIELDS ROAD - CANFIELD, OH 44406	34-0720564	501 (C) (3)	10,000.	0.			UNRESTRICTED
UPPER DELAWARE GLBT CTR / TRIVERSITY - 201 WEST HARTFORD STREET - MILFORD, PA 18337	26-3317443	501 (C) (3)	7,500.	0.			UNRESTRICTED
US CATHOLIC CONFERENCE/ ALEXIAN BROTHERS (USCC) - 825 WEST WELLINGTON AVE., - CHICAGO, IL 60657-9249	36-3527899	501 (C) (3)	12,500.	0.			UNRESTRICTED
US CONFERENCE OF CATHOLIC BISHOPS / HOUSE OF MERCY ONC. - P.O. BOX 808, 701 MERCY DRIVE - BELMONT, NC 28012	56-1733055	501 (C) (3)	15,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US HELPING US 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	52-1628279	501 (C) (3)	70,000.	0.			UNRESTRICTED
UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY, UT 84105	87-0455172	501 (C) (3)	15,000.	0.			UNRESTRICTED
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE. NORTH HOLLYWOOD, CA 91605	23-7050082	501 (C) (3)	10,000.	0.			UNRESTRICTED
VENICE FAMILY CLINIC 2401 LINCOLN BOULEVARD SANTA MONICA, CA 90405	95-4460765	501 (C) (3)	7,500.	0.			UNRESTRICTED
VICTORY PROGRAMS, INC. 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501 (C) (3)	10,000.	0.			UNRESTRICTED
VIEQUES CONCERT SOCI 22 CALLE HUCAR VIEQUES, PR 00765	66-0755246	501 (C) (3)	7,500.	0.			UNRESTRICTED
VILLAGE AIDS MEMORIAL 174 W. 4TH STREET, STE. 383 NEW YORK, NY 10014	86-1964130	501 (C) (3)	7,650.	0.			UNRESTRICTED
VIRGINIA MASON MEDICAL CENTER 2720 EAST MADISON ST., SEATTLE, WA 98112-4762	91-1351110	501 (C) (3)	15,000.	0.			UNRESTRICTED
VIVENT HEALTH 820 N. PLANKINTON AVE., MILWAUKEE, WI 53203	39-1534049	501 (C) (3)	25,000.	0.			UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VT COMMITT FOR AIDS RESOURCES EDU/ VERMONT CARES - 187 SAINT PAUL STREET - BURLINGTON, VT 05401	03-0307864	501 (C) (3)	10,000.	0.			UNRESTRICTED
WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH STREET TUSCALOOSA, AL 35401	63-0995963	501 (C) (3)	12,500.	0.			UNRESTRICTED
WEST SIDE CENTER FOR COMMUNITY LIFE - 263 W. 86TH ST., - NEW YORK, NY 10024	71-0908184	501 (C) (3)	15,000.	0.			UNRESTRICTED
WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 (C) (3)	35,000.	0.			UNRESTRICTED
WOMEN'S PRISON ASSOCIATION AND HOME, INC. - 110 SECOND AVE - NEW YORK, NY 10003	13-5596836	501 (C) (3)	15,000.	0.			UNRESTRICTED
WYOMING AIDS ASSISTANCE P.O. BOX 674 LARAMIE, WY 82073	81-4906541	501 (C) (3)	10,000.	0.			UNRESTRICTED
XAVIER MISSION, INC. 55 W. 15TH STREET NEW YORK, NY 10011	45-3763576	501 (C) (3)	12,500.	0.			UNRESTRICTED
YALE GLOBAL HEALTH JUSTICE PARTNERSHIP - 127 WALL STREET - NEW HAVEN, CT 06511	06-0646972	501 (C) (3)	10,000.	0.			UNRESTRICTED

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 noncash assistance

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

PART I, LINE 2:

BCEFA'S PROGRAM OFFICERS SELECT GRANTEES BASED ON RECOMMENDATIONS OF MEMBERS OF THE BROADWAY COMMUNITY AS WELL AS RESEARCH TO FIND THOSE ORGANIZATIONS WHOSE PROGRAMS ARE ALIGNED 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)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 **1b**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	287,152.	0.	0.	0.	17,764.	304,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL WHITMAN DIR COMMUNICATIONS/DEVELOPMENT	(i)	172,924.	0.	0.	0.	40,073.	212,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	(i)	170,963.	0.	0.	0.	34,484.	205,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL MCLEAN CONTROLLER	(i)	148,268.	0.	0.	0.	43,888.	192,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) VALERIE LAU-KEE LAI PRODUCING DIRECTOR	(i)	128,551.	0.	0.	0.	45,390.	173,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LANE BEAUCHAMP DIRECTOR OF COMMUNICATIONS	(i)	140,979.	0.	0.	0.	31,434.	172,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	28	365,884.	FMV PUBLISHED QUOTES
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 V, 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.		

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 M, PART I, COLUMN (B):

AMOUNT REPRESENTS THE NUMBER OF STOCK DONATIONS RECEIVED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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

BCEFA'S MISSION IS TO: (I) MOBILIZE THE UNIQUE ABILITIES WITHIN THE

ENTERTAINMENT INDUSTRY TO MITIGATE THE SUFFERING OF INDIVIDUALS

AFFECTED BY HIV/AIDS; (II) TO ENSURE DIRECT SUPPORT SPECIFICALLY

THROUGH THE SOCIAL SERVICES AND PROGRAMS OF THE ACTORS FUND TO ALL

INDIVIDUALS IN THE ENTERTAINMENT INDUSTRY AFFECTED BY CRITICAL HEALTH

ISSUES, INCLUDING BUT NOT LIMITED TO HIV/AIDS; (III) TO SUPPORT

ORGANIZATIONS ACROSS THE COUNTRY WHICH PROVIDE TREATMENT OR SERVICES

FOR PEOPLE SPECIFICALLY AFFECTED BY HIV/AIDS AND THEIR FAMILIES; (IV)

TO PROMOTE AND ENCOURAGE PUBLIC SUPPORT FOR NATIONAL AND INTERNATIONAL

PROGRAMS AND SERVICES WHICH BENEFIT PEOPLE WITH 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.

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

BUSINESS RELATIONSHIPS:

THE BOARD OF TRUSTEES IS COMPRISED OF PEOPLE IN THE INDUSTRY, SUCH AS

PRODUCERS, ACTORS, PRESS AGENTS AND THEATER OWNERS, EACH OF WHICH

COLLABORATE TO MAKE BCEFA FUNDRAISING POSSIBLE; ACCORDINGLY, THE FULL BOARD

OF TRUSTEES CONDUCTS BUSINESS ACTIVITIES WITH EACH OTHER.

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

Schedule O (Form 990) 2021

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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FORM 990, PART VI, SECTION B, LINE 11B:

APPROVAL OF FORM 990:

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

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT-OF-INTEREST POLICY INCLUDES A FORM AND PROCESS FOR OFFICERS,
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.

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

BCEFA MAKES ITS 990 AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE AND
UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT-OF-INTEREST POLICY ARE

Name of the organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
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DISTRIBUTED INTERNALLY AND ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN PERIODIC COSTS	1,855,061.
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