

Form 990 Department of the Treasury Internal Revenue Service	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)	2023
	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 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024		
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 165 WEST 46TH STREET 1300 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036 F Name and address of principal officer: DANIEL WHITMAN 165 WEST 46TH STREET, NEW YORK, NY 10036	D Employer identification number 13-3458820 E Telephone number 212-840-0770 G Gross receipts \$ 30,122,802. H(a) Is this a group return for subordinates? Yes ☒ No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: WWW.BCEFA.ORG		
K Form of organization: ☒ Corporation Trust Association Other L Year of formation: 1988 M State of legal domicile: NY		

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 51	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 51	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 155	
	6 Total number of volunteers (estimate if necessary)	6 200	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 33,162.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	23,728,503.	28,112,314.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	383,974.	404,971.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,273.	33,162.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,219,750.	28,550,447.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,217,303.	15,762,774.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,616,390.	6,801,386.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,978,850.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,903,830.	5,340,363.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,737,523.	27,904,523.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-4,517,773.	645,924.
	20 Total assets (Part X, line 16)	15,664,609.	15,909,562.
	21 Total liabilities (Part X, line 26)	5,886,476.	5,515,424.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,778,133.	10,394,138.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer DANIEL WHITMAN, EXECUTIVE DIRECTOR	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name CANDICE METH	Preparer's signature	PTIN P01306891
	Firm's name EISNER ADVISORY GROUP LLC	Firm's EIN 87-1353108	Phone no. 212-949-8700
	Firm's address 733 THIRD AVENUE NEW YORK, NY 10017-2703		

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of LARRY COOK, DIRECTOR OF FINANCE

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, 2025, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20____ or
☒ tax year beginning OCT 1, 2023, and ending SEP 30, 2024

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.

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

Form **8868** (Rev. 1-2024)

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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,762,774. including grants of \$ 15,762,774.) (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 \$ 6,187,116. including grants of \$) (Revenue \$)

OUTREACH PROGRAMS TO PROVIDE INFORMATION, INCREASE AWARENESS, AND
 PROMOTE PUBLIC SUPPORT FOR MEN, WOMEN AND FAMILIES LIVING WITH AND/OR
 AFFECTED BY HIV/AIDS. THESE PROGRAMS ARE NATIONWIDE AND PROMOTE RED
 RIBBON RETAIL ITEMS, THEATER COMMUNITY OUTREACH ACTIVITIES, SCHOOL AND
 COLLEGE 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 21,949,890.

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. See instructions</i>		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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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 ComplianceCheck 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	155
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	X
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9 Sponsoring organizations maintaining donor advised funds.	10a	
a Did the sponsoring organization make any taxable distributions under section 4966?	10b	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	11a	
10 Section 501(c)(7) organizations. Enter:	11b	
a Initiation fees and capital contributions included on Part VIII, line 12	12a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11 Section 501(c)(12) organizations. Enter:	13a	
a Gross income from members or shareholders	13b	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	13c	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	15	X
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	16	X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	17	
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
If "Yes," complete Form 6069.		

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.	51	
1b Enter the number of voting members included on line 1a. above, who are independent	51	
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
7b 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 ContractorsCheck 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, box 6 of 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			X				422,729.	0.	16,290.
(2) DANIEL WHITMAN DIRECTOR OF DEVELOPMENT	40.00			X				199,848.	0.	42,601.
(3) LAWRENCE COOK DIRECTOR OF FINANCE/ADMIN	40.00			X				191,734.	0.	30,615.
(4) MICHAEL MCLEAN CONTROLLER	40.00					X		163,160.	0.	46,808.
(5) LANE BEAUCHAMP DIRECTOR OF COMMUNICATIONS	40.00					X		177,422.	0.	31,025.
(6) KENNETH MCGEE PRODUCING DIRECTOR	40.00					X		134,062.	0.	32,719.
(7) DENISE HURLIN FOUNDING DIRECTOR DRA	40.00					X		122,350.	0.	41,003.
(8) SARAH CARDILLO DEPUTY DIR. OF DEVELOPMENT	40.00					X		127,418.	0.	32,003.
(9) TED ARTHUR TRUSTEE	2.00	X						0.	0.	0.
(10) CORNELIUS BAKER TRUSTEE	2.00	X						0.	0.	0.
(11) JOSEPH BENINCASA CHAIRMAN NOMINATING COMMITTEE	2.00	X		X				0.	0.	0.
(12) DAVID BINDER TRUSTEE	2.00	X						0.	0.	0.
(13) PHILIP BIRSH TREASURER/CHAIRMAN AUDIT COMMITTEE	2.00	X		X				0.	0.	0.
(14) CHRIS BONEAU TRUSTEE	2.00	X						0.	0.	0.
(15) BARRY BROWN TRUSTEE	2.00	X						0.	0.	0.
(16) KATE BURTON TRUSTEE THROUGH 10/12/23	2.00	X						0.	0.	0.
(17) LISA DAWN CAVE TRUSTEE	2.00	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 THROUGH 10/12/23	2.00	X						0.	0.	0.
(19) SHERRY COHEN TRUSTEE	2.00	X						0.	0.	0.
(20) GAVIN CREEL TRUSTEE THROUGH 9/29/24	2.00	X						0.	0.	0.
(21) ALAN CUMMING TRUSTEE	2.00	X						0.	0.	0.
(22) ARIANA DEBOSE TRUSTEE	2.00	X						0.	0.	0.
(23) MARIA DI DIA TRUSTEE	2.00	X						0.	0.	0.
(24) LINDA DUNCOMBE TRUSTEE	2.00	X						0.	0.	0.
(25) MANDY GONZALEZ TRUSTEE	2.00	X						0.	0.	0.
(26) AMANDA GREEN TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								1,538,723.	0.	273,064.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,538,723.	0.	273,064.

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 10

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

Form 990 (2023)

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) TOM HARRIS TRUSTEE	2.00	X						0.	0.	0.
(28) RICHARD HESTER TRUSTEE	2.00	X						0.	0.	0.
(29) RICHARD JAY-ALEXANDER TRUSTEE	2.00	X						0.	0.	0.
(30) BEVERLY JENKINS TRUSTEE	2.00	X						0.	0.	0.
(31) CHERRY JONES TRUSTEE THROUGH 10/12/23	2.00	X						0.	0.	0.
(32) FRANCIS JUE TRUSTEE	2.00	X						0.	0.	0.
(33) TOM KIRDAHY THIRD VICE PRESIDENT	2.00	X		X				0.	0.	0.
(34) ADAM KRAUTHAMER TRUSTEE	2.00	X						0.	0.	0.
(35) NATHAN LANE TRUSTEE	2.00	X						0.	0.	0.
(36) PETER LAWRENCE TRUSTEE	2.00	X						0.	0.	0.
(37) STEPHEN LEWIN TRUSTEE	2.00	X						0.	0.	0.
(38) PAUL LIBIN TRUSTEE	2.00	X						0.	0.	0.
(39) JOE MACHOTA TRUSTEE	2.00	X						0.	0.	0.
(40) KIMBERLY MARABLE TRUSTEE	2.00	X						0.	0.	0.
(41) KEVIN MCCOLLUM TRUSTEE	2.00	X						0.	0.	0.
(42) KEN MCGEE TRUSTEE THROUGH 10/12/23	2.00	X						0.	0.	0.
(43) JERRY MITCHELL TRUSTEE	2.00	X						0.	0.	0.
(44) IRA MONT FIRST VICE PRESIDENT	2.00	X		X				0.	0.	0.
(45) BRIAN MORELAND TRUSTEE	2.00	X						0.	0.	0.
(46) JAVIER MUNOZ TRUSTEE	2.00	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)

(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			
(47) JOHN ERIC PARKER TRUSTEE	2.00	X						0.	0.	0.
(48) BERNADETTE PETERS TRUSTEE	2.00	X						0.	0.	0.
(49) ERIK PIECUCH TRUSTEE	2.00	X						0.	0.	0.
(50) BILLY PORTER TRUSTEE	2.00	X						0.	0.	0.
(51) LAUREN REID TRUSTEE	2.00	X						0.	0.	0.
(52) CODY RENARD RICHARDS TRUSTEE	2.00	X						0.	0.	0.
(53) JUDITH RICE SECRETARY	2.00	X		X				0.	0.	0.
(54) CHITA RIVERA TRUSTEE THROUGH 1/30/24	2.00	X						0.	0.	0.
(55) JORDAN ROTH TRUSTEE	2.00	X						0.	0.	0.
(56) NICK SCANDALIOS TRUSTEE	2.00	X						0.	0.	0.
(57) THOMAS SCHUMACHER EXECUTIVE VICE PRESIDENT	2.00	X		X				0.	0.	0.
(58) MARK SHACKET TRUSTEE	2.00	X						0.	0.	0.
(59) KATE SHINDLE TRUSTEE	2.00	X						0.	0.	0.
(60) CHARLOTTE ST. MARTIN TRUSTEE	2.00	X						0.	0.	0.
(61) DAVID STONE TRUSTEE	2.00	X						0.	0.	0.
(62) ALVIN VINCENT JR. TRUSTEE	2.00	X						0.	0.	0.
(63) ROBERT WANKEL PRESIDENT	2.00	X		X				0.	0.	0.
(64) CHANNING WICKHAM TRUSTEE	2.00	X						0.	0.	0.
(65) SCHELE WILLIAMS SECOND VICE PRESIDENT	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	2,388,858.		
	d Related organizations	1d			
	e Government grants (contributions)	1e	313,164.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,410,292.		
	g Noncash contributions included in lines 1a-1f	1g \$	455,618.		
	h Total. Add lines 1a-1f		28,112,314.		
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)		389,996.		389,996.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6 a Gross rents	6a			
	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	(i) Securities	(ii) Other		
	7a	172,593.			
	b Less: cost or other basis and sales expenses	7b	157,618.		
	c Gain or (loss)	7c	14,975.		
	d Net gain or (loss)		14,975.		14,975.
	8 a Gross income from fundraising events (not including \$ 2,388,858. of contributions reported on line 1c). See Part IV, line 18	8a	1,244,989.		
	b Less: direct expenses	8b	1,244,989.		
	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	202,910.			
b Less: cost of goods sold	10b	169,748.			
c Net income or (loss) from sales of inventory		33,162.		33,162.	
Miscellaneous Revenue			Business Code		
	11 a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
12 Total revenue. See instructions		28,550,447.	0.	33,162.	404,971.

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	15,192,631.	15,192,631.		
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	570,143.	570,143.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	825,961.	509,615.	104,615.	211,731.
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	4,183,994.	2,890,312.	690,523.	603,159.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,000.	162,500.	47,500.	40,000.
9 Other employee benefits	1,115,299.	724,944.	211,907.	178,448.
10 Payroll taxes	426,132.	276,986.	80,965.	68,181.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	61,035.		61,035.	
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.)	226,227.	97,467.	85,977.	42,783.
12 Advertising and promotion	472,639.	81,148.	55,550.	335,941.
13 Office expenses	310,821.	151,206.	91,603.	68,012.
14 Information technology				
15 Royalties				
16 Occupancy	1,119,267.	759,573.	177,641.	182,053.
17 Travel	206,206.	23,789.	33,829.	148,588.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,741.	42,007.	43,870.	29,864.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,252.		37,252.	
23 Insurance	57,811.	39,233.	9,175.	9,403.
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	1,796,190.	39,947.		1,756,243.
b CREDIT CARD COMMISSIONS	385,300.	215,070.	118,682.	51,548.
c POSTAGE AND SHIPPING	123,821.	36,419.	13,757.	73,645.
d TELEPHONE	42,494.	23,579.	13,264.	5,651.
e All other expenses	385,559.	113,321.	98,638.	173,600.
25 Total functional expenses. Add lines 1 through 24e	27,904,523.	21,949,890.	1,975,783.	3,978,850.
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 SheetCheck 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	2,365,532.	1	2,470,818.
	2 Savings and temporary cash investments	6,201,225.	2	6,658,642.
	3 Pledges and grants receivable, net	78,564.	3	551,247.
	4 Accounts receivable, net	62,301.	4	56,959.
	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	350,582.	8	267,445.
	9 Prepaid expenses and deferred charges	257,108.	9	139,776.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 699,581.		
	b Less: accumulated depreciation	10b 689,517.	47,317.	10c 10,064.
	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	6,301,980.	15	5,754,611.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,664,609.	16	15,909,562.	
Liabilities	17 Accounts payable and accrued expenses	184,623.	17	310,991.
	18 Grants payable		18	
	19 Deferred revenue		19	68,200.
	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	5,701,853.	25	5,136,233.
	26 Total liabilities. Add lines 17 through 25	5,886,476.	26	5,515,424.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,105,913.	27	9,963,194.
	28 Net assets with donor restrictions	672,220.	28	430,944.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	9,778,133.	32	10,394,138.
33 Total liabilities and net assets/fund balances	15,664,609.	33	15,909,562.	

Part XI Reconciliation of Net AssetsCheck 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	28,550,447.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,904,523.
3	Revenue less expenses. Subtract line 2 from line 1	3	645,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,778,133.
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	-29,919.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,394,138.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
2b 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	X	
2c 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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b 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		

Form 990 (2023)

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

2023

**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).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,829,412.	31,906,121.	24,797,947.	23,728,503.	28,112,314.	136,374,297.
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	27,829,412.	31,906,121.	24,797,947.	23,728,503.	28,112,314.	136,374,297.
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)						15,069,207.
6 Public support. Subtract line 5 from line 4.						121,305,090.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	27,829,412.	31,906,121.	24,797,947.	23,728,503.	28,112,314.	136,374,297.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,059.	5,269.	19,943.	381,500.	389,996.	819,767.
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						137,194,064.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	88.42	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.65	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 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? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a 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? 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.
- 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? 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.

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? If "Yes" or "No" provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
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 ☐ 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

Supplemental Information.

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

13-3458820

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRED EBB FOUNDATION 40 WEST 20TH STREET NEW YORK, NY 10011	\$ 2,700,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	FRIENDS IN DEED INC. 1 PENN PLAZA, STE 6173 NEW YORK, NY 10119	\$ 1,250,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

13-3458820

Part II Noncash Property

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

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	

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

a Revenue included on Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 in 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:

(i) Unrelated organizations?

(ii) Related organizations?

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

	Yes	No
3a(i)		
3a(ii)		
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.	338,623.	2,783.
d Equipment		168,557.	161,276.	7,281.
e Other		189,618.	189,618.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,064.

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, line 12, col. (B))		

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, line 13, col. (B))		

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) RIGHT-OF-USE ASSET	5,013,720.
(2) PENSION - PREPAID ASSET	651,160.
(3) SECURITY DEPOSITS AND OTHER ASSETS	89,731.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,754,611.

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)	LEASE LIABILITY	5,136,233.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		5,136,233.

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	28,585,180.
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	28,529,047.	
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	21,400.	
c	Add lines 4a and 4b	4c	21,400.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	28,550,447.	

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	27,939,256.
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	27,883,123.	
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	21,400.	
c	Add lines 4a and 4b	4c	21,400.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,904,523.	

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	21,400.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

ONLINE AUCTION FEE	21,400.
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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

2023**Open to Public
Inspection**

Name of the organization

Employer identification number

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

13-3458820

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		408,500.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		161,643.
3 a Subtotal	0	0			570,143.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			570,143.

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

Schedule F (Form 990) 2023

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 ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	53,500.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	30,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	30,000.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	27,500.	WIRE	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	25,000.	WIRE	0.		
			SUB-SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	25,000.	WIRE	0.		
			SUB-SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	22,500.	WIRE	0.		
			SUB-SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	UNRESTRICTED GENERAL SUPPORT	22,500.	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 18

3 Enter total number of other organizations or entities

part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the 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 the 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 the 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 the 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 the 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 GRANTEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY

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

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

PART I, LINE 3:

AMOUNTS ARE REPORTED USING THE ACCRUAL METHOD OF ACCOUNTING.

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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

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

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

- 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						

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)	5 (total number)	
Revenue	1 Gross receipts	942,288.	1,099,206.	1,592,353.	3,633,847.
	2 Less: Contributions	722,464.	463,703.	1,202,691.	2,388,858.
	3 Gross income (line 1 minus line 2)	219,824.	635,503.	389,662.	1,244,989.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	147,656.	578,509.	55,440.	781,605.
	7 Food and beverages	3,000.	2,600.	1,000.	6,600.
	8 Entertainment				
	9 Other direct expenses	69,168.	54,394.	333,222.	456,784.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,244,989.
	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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 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 G (Form 990)		2012	
Part IV	Supplemental Information (continued)		

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number
13 3458820

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 GENERAL SUPPORT
A COMMUNITY RESOURCE NETWORK INC. 2 BLACKSMITH STREET LEBANON, NH 03766	22-3104237	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
A IS FOR 411 LAFAYETTE ST., 6TH FL NEW YORK, NY 10003	46-2929713	501 (C) (3)	39,699.	0.			UNRESTRICTED GENERAL SUPPORT
ACCESS POINT OF GEORGIA 1025 DANIELSVILLE RD., ATHENS, GA 30601	30-1220951	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ADVOCATES FOR TRANS EQUALITY EDU FUND/ NATIONAL CENTER FOR TRANSGENDER EQUALITY 1032 15TH ST., NW, STE. 199 WASHINGTON, DC	41-2090291	501 (C) (3)	30,000.	0.			UNRESTRICTED GENERAL SUPPORT
ADVOCATES FOR YOUTH 2000 M ST., NW, STE. 750 WASHINGTON, DC 20036	52-1173590	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 439.

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH STREET, 2ND FLOOR NEW YORK, NY 10027	13-3749744	501 (C) (3)	36,650.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
AGMA EMERGENCY RELIEF FUND 1430 BROADWAY, 14TH FLOOR NEW YORK, NY 10018	13-6155701	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
AHRC NEW YORK CITY 450 W. 56TH STREET, 2ND FLOOR REDFIELD CENTER NEW YORK, NY 10019	13-5596746	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AID ATLANTA INC. 1605 PEACHTREE ST., NE ATLANTA, GA 30309	58-1537967	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AID UPSTATE 811 PENDLETON STREET, SUITE 10 GREENVILLE, SC 29601	57-0848637	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS ACTION BALTIMORE, INC. 10 EAST EAGER STREET BALTIMORE, MD 21202	52-1512614	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS ACTION COALITION OF HUNTSVILLE 600 ST. CLAIR AVE., BLDG 6 STE. 14C HUNTSVILLE, AL 35801	57-0889447	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS ALABAMA 3521 7TH AVENUE SOUTH BIRMINGHAM, AL 35222	58-1727755	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS ALABAMA / AIDS ALABAMA SOUTH 4321 DOWNTOWNER LOOP NORTH MOBILE, AL 36609	58-1989250	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS ASSISTANCE PROGRAM 1276 N. PALM CANYON DR., #108 PALM SPRINGS, CA 92262	33-0566442	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS ATHENS, INC./LIVE FORWARD 240 NORTH AVE., ATHENS, GA 30601	58-1761043	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS CARE OCEAN STATE 18 PARKIS AVENUE PROVIDENCE, RI 02907	22-2929749	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS CARE OCEAN STATE 18 PARKIS AVENUE PROVIDENCE, RI 02907	22-2929749	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS DELAWARE 100 W. 10TH ST., #315 WILMINGTON, DE 19801	22-2805481	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS FOUNDATION OF CHICAGO HIV PREVENTION JUSTICE ALLIANCE - 200 WEST JACKSON BLVD., SUITE 2200 CHICAGO, IL 60606	36-3412054	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS LAW PROJECT OF PENNSYLVANIA 1211 CHESTNUT STREET, SUITE 600 PHILADELPHIA, PA 19107	23-2576149	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 GENERAL SUPPORT
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 GENERAL SUPPORT
AIDS OUTREACH CENTER 400 NORTH BEACH ST., STE. 100 FORT WORTH, TX 76111	75-2139336	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS PROJECT OF SOUTHERN VERMONT 15 GROVE STREET BRATTLEBORO, VT 05302	22-2950456	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS PROJECT WORCESTER 85 GREEN STREET WORCESTER, MA 01604	04-2970467	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS RESOURCE ALLIANCE/ WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN STREET WILLIAMSPORT, PA 17701	23-2522649	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS RESOURCE GROUP OF EVANSVILLE, INC. 101 NW 1ST STREET, #213 EVANSVILLE, IN 47708	35-1834665	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS RESPONSE SEACOAST 1 JUNKINS AVENUE, 4TH FLOOR PORTSMOUTH, NH 03801	22-2884488	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS SERVICE ASSOCIATION OF PINELLAS, INC. 3050 1ST AVENUE SOUTH - ST. PETERSBURG, FL 33712 1010	59-2862537	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14 1855167	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS SERVICES OF AUSTIN INC. 7215 CAMERON ROAD AUSTIN, TX 78762	74-2440845	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS SVC CTR. COALITION / KENTUKIAN AIDS ALLIANCE, INC. 5617 HARRODS COVE PROSPECT, KY 40059	61-1225984	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS TASK FORCE OF GREATER CLEVELAND 2829 EUCLID AVE., CLEVELAND, OH 44115	34-1433612	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AIDS UNITED 1424 K STREET, SUITE 200 WASHINGTON, DC 20005	52-1706646	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
ALSLING IRISH COMMUNITY CENTER 990 MCLEAN AVENUE YONKERS, NY 10704	13 3919126	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ALASKAN AIDS ASSISTANCE ASSOCIATION - 1057 WEST FIREWEED LANE, STE. 102 ANCHORAGE, AK 99503	92-0113788	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ALBANY DAMIEN CENTER 646 STATE STREET ALBANY, NY 12203	22-3108995	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS, INC. - PO BOX 25445 ALBUQUERQUE, NM 87125-0445	85 0368993	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALI FORNEY CENTER 527 W. 22ND ST., 1ST FL NEW YORK, NY 10011	30-0104507	501 (C) (3)	46,307.	0.			UNRESTRICTED GENERAL SUPPORT
ALIVENESS PROJECT 730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1245514	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ALLIANCE FOR POSITIVE CHANGE 64 W. 35TH ST., 3RD FLOOR NEW YORK, NY 10001	13-3562071	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ALLIES FOR HEALTH & WELLBEING 59113 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
ALLIES IN HOPE/ AIDS FOUNDATION OF HOUSTON, INC. 6260 WEST PARK DRIVE, STE. 100 HOUSTON, TX 77057	76-0073661	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
AMERICA GIVES 228 PARK AVENUE S #71410 NEW YORK, NY 10003	26-3383926	501 (C) (3)	100,000.	0.			UNRESTRICTED GENERAL SUPPORT
AMERICAN FRIENDS OF NATAL 1120 AVENUE OF THE AMERICAS, 4TH FLO NEW YORK, NY 10036	20-1914370	501 (C) (3)	100,000.	0.			UNRESTRICTED GENERAL SUPPORT
AMERICAN LGBTQ MUSEUM 121 6TH AVE., FLOOR 6 NEW YORK, NY 10013	13-4148824	501 (C) (3)	100,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)							
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AMFAR, THE FOUNDATION FOR AIDS RESEARCH · 120 WALL STREET, 13TH FLOOR · NEW YORK, NY 10005	13-3163817	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
AMPLEHARVEST.ORG 23 CLOVER ROAD NEWFOUNDLAND, NJ 07435	27-2433274	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
ANIMALKIND, INC. 721 WARREN STREET HUDSON, NY 12534	14-1820248	501 (C) (3)	8,540.	0.			UNRESTRICTED GENERAL SUPPORT
APEX COMMUNITY CARE 30 WEST STREET DANBURY, CT 06810	22-2951387	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
APLA HEALTH & WELLNESS 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005-2319	95-3842506	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
APNH: A PLACE TO NOURISH YOUR HEALTH · 1302 CHAPEL STREET · NEW HAVEN, CT 06511	22-2506184	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
APO COMMUNITY HEALTH CENTER 1636 S. GLENSTONE, STE 100 SPRINGFIELD, MO 65804	43-1421252	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ARTISANS GUILD OF AMERICA 2107 41ST AVE., 5TH FLOOR LONG ISLAND, NY 11101	45-4541525	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ARTISTS & ACTIVISTS FOR HEALTH EQUALITY · 3418 HUXLEY STREET LOS ANGELES, CA 90027	92-2838334	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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ARTS IGNITE 165 W. 46TH S., STE. 1310 NEW YORK, NY 10036	20-4532991	501 (C) (3)	62,671.	0.			UNRESTRICTED GENERAL SUPPORT
ARTS WORKERS UNITED FOUNDATION 1660 DEKALB AVE., #2 BROOKLYN, NY 11237	88-2901804	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
ASIAN & PACIFIC ISLANDER COALITION ON HIV/AIDS INC 400 BROADWAY NEW YORK, NY 10013	13-3706365	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
AUTISM DIRECTORY SERVICES P.O. BOX 73 WAPPINGERS FALLS, NY 12590	22-3191487	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
BACKPACKS FOR THE STREET 26 W. 9TH ST., STE. 9A NEW YORK, NY 10011	83-0663474	501 (C) (3)	7,653.	0.			UNRESTRICTED GENERAL SUPPORT
BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
BEHIND THE SCENES FOUNDATION 630 9TH AVE., STE. 609 NEW YORK, NY 10036	38-3715781	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
BEING ALIVE SAN DIEGO 3940 FOURTH AVE., STE. #130 SAN DIEGO, CA 92103	33-0439092	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
BERGEN FAMILY CENTER 44 ARMORY STREET ENGLEWOOD, NJ 07631	22-1487611	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BEND CARES 2201 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59 2816580	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
BIG CREEK PEOPLE IN ACTION HC 32 BOX 541 WAR, WV 24892	55 0710393	501 (C) (3)	17,500.	0.			UNRESTRICTED GENERAL SUPPORT
BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00940	66-0493399	501 (C) (3)	47,500.	0.			UNRESTRICTED GENERAL SUPPORT
BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63 0948495	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
BLACK THEATRE COALITION, INC. 421 PACIFIC ST., APT. 1 BROOKLYN, NY 11217	85-1917024	501 (C) (3)	40,300.	0.			UNRESTRICTED GENERAL SUPPORT
BLACK THEATRE UNITED 57 W. 57TH ST., NEW YORK, NY 10019	85 2146037	501 (C) (3)	45,370.	0.			UNRESTRICTED GENERAL SUPPORT
BLOOMINGTON POSITIVE LINK/ INDIANA UNIVERSITY 333 E. MILLER DRIVE BLOOMINGTON, IN 47401	35-1720796	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
BLUE MOUNTAIN HEART TO HEART 2316 EASTGATE ST., STE. 105 WALLA WALLA, WA 99362	91-1527239	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
BORDERBELT AIDS RESOURCES TEAM, INC. PO BOX 945 LUMBERTON, NC 28358	56-1992644	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDERLAND RAINBOW CENTER 2714 WYOMING AVENUE EL PASO, TX 79903	74-2809637	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
BORINQUEN MEDICAL CTRS OF MIAMI-DADE 3061 N. FEDERAL HIGHWAY MIAMI, FL 33137	59-1417397	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
BOULDER COUNTY AIDS PROJECT 2118 FOURTEENTH STREET BOULDER, CO 80302	74-2442032	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
BRENTWOOD COMMUNITY FOUNDATION 13033 LANDMARK STREET HOUSTON, TX 77045	76-0454398	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
BROADWAY ADVOCACY COALITION 250 WEST 99TH STREET, #6A NEW YORK, NY 10025	82-3374845	501 (C) (3)	42,000.	0.			UNRESTRICTED GENERAL SUPPORT
BROADWAY BARKS, INC. 11100 SANTA MONICA BLVD., STE. 400 LOS ANGELES, CA 90025	47-4080996	501 (C) (3)	21,000.	0.			UNRESTRICTED GENERAL SUPPORT
BROADWAY EDUCATION ALLIANCE 103 EAST MARKET STREET RHINEBECK, NY 12572	32-0178901	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
BROADWAY INSPIRATIONAL VOICES LLC 224 W. 30TH ST. #1006 NEW YORK, NY 10011	06-1592825	501 (C) (3)	42,500.	0.			UNRESTRICTED GENERAL SUPPORT
BROOKLYN COMMUNITY PRIDE CENTER 1360 FULTON ST., GROUND FLOOR BROOKLYN, NY 11216	26-2214534	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT

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BYWATER CHURCH OF CHRIST/CHRISTIAN P.O. BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
CALLEN LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13 3409680	501 (C) (3)	40,000.	0.			UNRESTRICTED GENERAL SUPPORT
CAMP HEARTLAND PROJECT/ ONE HEARTLAND 2101 HENNEPIN AVENUE S., STE 107 - MINNEAPOLIS, MN 55405	39-1763115	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
CANCER SUPPORT COMMUNITY 5614 CONNECTICUT AVE., NW, STE. 280 WASHINGTON, DC 20015	95-4163931	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CARACOLE, INC. 1821 SUMMIT ROAD, STE. 001 CINCINNATI, OH 45237	31-1210524	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
CARE FOR THE HOMELESS 30 EAST 33RD STREET NEW YORK, NY 10016	13-3666994	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
CARING COMMUNITIES FOR AIDS 301A W. THIRD STREET BERWICK, PA 18603	23 2815476	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
CARINGKIND 360 LEXINGTON AVENUE, 3RD FLOOR NEW YORK, NY 10017	13-3277408	501 (C) (3)	26,083.	0.			UNRESTRICTED GENERAL SUPPORT

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CARL BEAN MEN'S HEALTH & WELLNESS CENTER 2140 M.L.K. JR. DRIVE, SW BLDG. B ATLANTA, GA 30310 1134	82-3428543	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CASA DE ESPERANZA DE LOS NINOS, INC. PO BOX 66581 HOUSTON, TX 77266-6581	76 0106306	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CASA JOJO FOUNDATION 160 RAINBOW DRIVE LIVINGSTON, TX 77351	45 2822056	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CASCADE AIDS PROJECT, INC. 208 SW FIFTH AVE., SUITE 800 PORTLAND, OR 97204	93-0903383	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
CATSKILL FOOD PANTRY P.O. BOX 140 CATSKILL, NY 12414	87-3288018	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
CEDAR VALLEY HOSPICE 2101 KIMBALL AVE., STE. 401 WATERLOO, IA 50704	42 1135294	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
CENTER FOR THEATER ARTS 250 MT. LEBANON BLVD., PITTSBURGH, PA 15234	25 1407710	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712	23 3253558	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
CENTRAL BAPTIST CHURCH OF BEARDEN/ SAMARITAN MINISTRY - 6300 DEANE HILL DR., KNOXVILLE, TN 37919	11-1111111	CHURCH	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, INC. 1902 WEST COLONIAL DRIVE ORLANDO, FL 32804	59 3338309	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH STREET ALEXANDRIA, LA 71301	72 1097079	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
CHELSEA RECOVERY CLUBHOUSE P.O. BOX 169 NEW YORK, NY 10113	20-5478541	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBOURN, SUITE 401 - CHICAGO, IL 60614	36-3376432	501 (C) (3)	65,000.	0.			UNRESTRICTED GENERAL SUPPORT
CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74 1381437	501 (C) (3)	23,000.	0.			UNRESTRICTED GENERAL SUPPORT
CHILDREN'S PLACE ASSOCIATION 1436 W. RANDOLPH, FFTH FLOOR CHICAGO, IL 60607	36-3641017	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH STREET NEW YORK, NY 10012	13-6202592	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
CHRISTIE'S PLACE 2440 THIRD AVE. SAN DIEGO, CA 92101	91-1878632	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 - PAHOKEE, FL 33476	65-1079385	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
CHURCH OF THE HOLY APOSTLES/ HOLY APOSTLES SOUP KITCHEN 296 NINTH AVENUE - NEW YORK, NY 10001	13-2892297	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
CITILEAF HOUSING DEVELOPMENT FUND/ CITILEAFING HOUSING - 130 E. 25TH ST., NEW YORK, NY 10010	13-3744465	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
CITYMEALS ON WHEELS 355 LEXINGTON AVE., 3RD FLOOR NEW YORK, NY 10017	13-3634381	501 (C) (3)	40,000.	0.			UNRESTRICTED GENERAL SUPPORT
CLARE HOUSING/ CLARE HOUSE 929 CENTRAL AVE., NE MINNEAPOLIS, MN 55413	41-1794924	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COALITION ON AIDS IN PASSAIC COUNTY, INC. 100 HAMILTON PLAZA, SUITE 1406 PATERSON, NJ 07505	22-2855342	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
COLORADO HEALTH NETWORK/ COLORADO AIDS PROJECT 2490 W. 26TH AVE., #300A DENVER, CO 80211	84-0961159	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COLUMBIA COUNTY RECOVERY KITCHEN P.O. BOX 183 SPENCERTOWN, NY 12165	85-3364199	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
COLUMBUS WELLNESS CENTER OUTREACH AND PREVENTION PROJECT 1220 WILDWOOD AVE. COLUMBUS, GA 31906	58-2187837	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

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COMMON BOND NEW MEXICO FOUNDATION PO BOX 26836 ALBUQUERQUE, NM 87125	85-0322200	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY AIDS NETWORK 895 NORTH MAIN ST. AKRON, OH 44310-2123	31-1506671	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY AIDS RESOURCE & EDUCATION SVCS. (CARES) 629 PIONEERS ST., STE. 200 KALAMAZOO, MI 49008	38 2784545	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY CARE ALLIANCE P.O. BOX 1700 WOONSOCKET, RI 02895	05-0259103	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY HEALTH AWARENESS GROUP 1300 W. FORT STREET DETROIT, MI 48226	38-2704374	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY HOSPICE 47 LIBERTY STREET CATSKILL, NY 12414	22-2692940	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY LINC 4012 TROOST AVE., KANSAS CITY, MO 64110	43-1506591	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT

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CONGREGATION RODEPH SHOLOM 7 WEST 83RD STREET NEW YORK, NY 10024	13-1628164	CHURCH	11,000.	0.			UNRESTRICTED GENERAL SUPPORT
COVENANT HOUSE, INC. 600 SHREWSBURY STREET CHARLESTON, WV 25301	31-1015583	501 (C) (3)	52,500.	0.			UNRESTRICTED GENERAL SUPPORT
DAMIEN CENTER 26 NORTH ARSENAL AVENUE INDIANAPOLIS, IN 46201	35-1711878	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
DELAWARE HIV CONSORTIUM, INC. 100 WEST 10TH ST WILMINGTON, DE 19801	51-0348892	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
DENVER FILM SOCIETY / STE FILM CENTER 2510 E. COLFAX AVENUE DENVER, CO 80206	84-0771070	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
DIASPORA COMMUNITY SVCS./HAITIAN WOMEN'S PROGRAM 182 FOURTH AVE., BROOKLYN, NY 11217	11-3122295	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
DNDI 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	20-8774179	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT

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DOCTORS OF THE WORLD, INC. 222 BROADWAY, 19TH FLOOR NEW YORK, NY 10038	35-2426718	501 (C) (3)	200,000.	0.			UNRESTRICTED GENERAL SUPPORT
DUTCHESS OUTREACH, INC. 29 NORTH HAMILTON ST., STE. 222 POUGHKEEPSIE, NY 12601	22-2339537	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
EAC NETWORK 50 CLINTON STREET, STE. 107 HEMPSTEAD, NY 11550	23 7175609	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
ECUMENICAL MINISTRIES OF OREGON 2941 NE AINSWORTH ST. PORTLAND, OR 97211	93 0625359	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ELM PROJECT 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1431690	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ENCOMPASS COMMUNITY SERVICES 195 HARVEY WEST BLVD. SANTA CRUZ, CA 95060	77-0129193	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
ENCORE COMMUNITY SERVICES 239 W. 49TH STREET NEW YORK, NY 10019	13-3104293	501 (C) (3)	50,000.	0.			UNRESTRICTED GENERAL SUPPORT
EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH STREET NEW YORK, NY 10016-7405	13-5563397	501 (C) (3)	16,500.	0.			UNRESTRICTED GENERAL SUPPORT
EQUALITY FOUNDATION OF GEORGIA, INC. / COUNTER NARRATIVE PROJECT -- 1530 DEKALB AVE., NE ATLANTA, GA 30307	58-2346744	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

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

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EVERY DAY ACTION P.O. BOX 5591 NORTH HOLLYWOOD, CA 91616	85 1609710	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
EXPONENTS, INC. 151 WEST 26TH STREET, 3RD FLOOR NEW YORK, NY 10001	13-3572677	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
FACE TO FACE SONOMA COUNTY AIDS NETWORK - 873 SECOND STREET - SANTA ROSA, CA 95404	68 0052664	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
FAMILY CENTERS/STAMFORD CARES 888 WASHINGTON BLVD., 8TH FLOOR STAMFORD, CT 06901	06 0646656	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
FAMILY EQUALITY COUNCIL P O BOX 206 BOSTON, MA 02133	52-1438544	501 (C) (3)	36,000.	0.			UNRESTRICTED GENERAL SUPPORT
FAMILY LINK 317 CASTRO STREET SAN FRANCISCO, CA 94114	94 2985217	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
FEEDING SOUTH DAKOTA 4701 NORTH WESTPORT AVE., STOUX FALLS, SD 57107	36-3293534	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT

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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 GENERAL SUPPORT
FIRST GRACE UNITED CHURCH OF CHRIST 1265 S. CLEVELAND MASSILLON ROAD - Copley, OH 44321	13-1957221	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501 (C) (3)	40,000.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD BANK OF NORTH CENTRAL ARKANSAS - 1042 HIGHLAND CIRCLE - MOUNTAIN HOME, AR 72657	58-1881897	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD FOR LIFE NETWORK/ CURE FOR AIDS, INC. 3510 BISCAYNE BLVD., STE 209 MIAMI, FL 33137	59 2815277	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD FOR THOUGHT PO BOX 1608 FORESTVILLE, CA 95436	68 0181095	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
FOOD OUTREACH INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501 (C) (3)	50,000.	0.			UNRESTRICTED GENERAL SUPPORT
FRACTURED ATLAS 248 WEST 35TH ST NEW YORK, NY 10001	11-3451703	501 (C) (3)	40,783.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

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FRANK RIDGE MEMORIAL FOUNDATION 400 W. 43RD ST., #6 S NEW YORK, NY 10036	46-4536780	501 (C) (3)	6,000.	0.			UNRESTRICTED GENERAL SUPPORT
FRANNIE PEABODY CENTER 30 DANFORTH STREET, SUITE 311 PORTLAND, ME 04101	01-0416974	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
FRATERNITE NOTRE DAME, INC. 2290 FIRST AVENUE NEW YORK, NY 10035	13 3600714	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
FRATERNITY HOUSE, INC. 20702 ELFIN FOREST ROAD ESCONDIDO, CA 92029	33-0306861	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
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 GENERAL SUPPORT
FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DRIVE, STE. 700 ARLINGTON, VA 22202	13-3869632	501 (C) (3)	30,000.	0.			UNRESTRICTED GENERAL SUPPORT
FUTURE PERFECT PROJECT, INC. P.O. BOX 176 STONE RIDGE, NY 12484	87-4650805	501 (C) (3)	6,480.	0.			UNRESTRICTED GENERAL SUPPORT

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GAY COMMUNITY AIDS PROJECT/GREATER COMMUNITY AIDS PROJECT - P.O. BOX 713 CHAMPAIGN, IL 61824	37-1189518	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
GEAPP 1470 BARNUM AVENUE BRIDGEPORT, CT 06610	06-1132473	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
GEORGIA'S HARM REDUCTION COALITION 1231 JOSEPH E. BOONE BLVD., ATLANTA, GA 30314	58-2227958	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
GO CARE: PINNACLE FAMILY HEALTH 101 CROSBY STREET WEST MONROE, LA 71291	72-1136639	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501 (C) (3)	50,000.	0.			UNRESTRICTED GENERAL SUPPORT
GOFUNDME 855 JEFFERSON AVE REDWOOD CITY, CA 94063	81-2279757	501 (C) (3)	29,023.	0.			UNRESTRICTED GENERAL SUPPORT
GOLDEN RAINBOW OF NEVADA INC. 714 E. SAHARA AVE., STE. 101 LAS VEGAS, NV 89104	94-3092947	501 (C) (3)	17,500.	0.			UNRESTRICTED GENERAL SUPPORT
GOOD WORK INSTITUTE/ROCK STEADY FARM & FLOWERS 65 SAINT JAMES STREET KINGSON, NY 12401	47-3091614	501 (C) (3)	19,063.	0.			UNRESTRICTED GENERAL SUPPORT
GREAT PLAINS FOOD BANK 1720 3RD AVE., N. FARGO, ND 58105	47-2229589	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

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GREGORY HOUSE 200 N. VINEYARD BLVD., STE. A310 HONOLULU, HI 96817	99-0265111	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
GRIOT CIRCLE 25 FLATBUSH AVE., 5TH FLOOR NEW YORK, NY 11217	11-3364328	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
GUIDING RIGHT, INC. 1420 NE 23RD STREET OKLAHOMA CITY, OK 73111	73-1572221	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
GVNGORG / SUPPORT + FEED 907 WESTWOOD BLVD. STE. 414 LOS ANGELES, CA 90024 2904	81-2446261	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
HANDS ON INTERPRETED PERFORMANCES, INC. 159 00 RIVERSIDE DRIVE WEST, STE. 7-F NEW YORK, NY 10032	11-2969718	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
HARBOR HOUSE 77 NORTHEASTERN BLVD., NASHUA, NH 03062	02-0351932	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
HARLEM UNITED COMMUNITY AIDS CENTER, INC. 306 LENOX AVENUE, 3RD FLOOR NEW YORK, NY 10027	13-3461695	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
HAWAII HEALTH & HARM REDUCTION 677 ALA MOANA BLVD., #226 HONOLULU, HI 96813	99-0230542	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
HEALING WITH CARE INC. 214 BROADWAY DURHAM, NC 27701	56-1963933	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST. DETROIT, MI 48216	38-2719621	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
HEALTH GLOBAL ACCESS 429 W. 127TH ST, 2ND FL NEW YORK, NY 10027	20-5053765	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
HEALTH OUTREACH PREVENTION EDUCATION, INC. - 3540 EAST 31ST ST TULSA, OK 74135	73-1537952	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
HEALTH SERVICES CENTER, INC. PO BOX 1347 ANNISTON, AL 36202	63-0993592	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
HEALTH TRUST AIDS SERVICES 3180 NEWBERRY DR., STE 200 SAN JOSE, CA 95118	94-6050231	501 (C) (3)	17,500.	0.			UNRESTRICTED GENERAL SUPPORT
HEARTLAND HEALTH OUTREACH/VITAL BRIDGES 208 S LASALLE ST., STE. 1300 CHICAGO, IL 60604	36-3775696	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
HEIGHTS HILL MENTAL HEALTH SERVICE/ RAINBOW HEIGHTS 25 FLATBUSH AVE., 3RD FLOOR BROOKLYN, NY 11217	94-6050231	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE, 5TH FLOOR NEW YORK, NY 10005	13-3573852	501 (C) (3)	35,000.	0.			UNRESTRICTED GENERAL SUPPORT
HIV ALLIANCE 1966 GARDEN AVENUE EUGENE, OR 97403-1933	93-0963546	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY - P.O. BOX 7522 OAKLAND, CA 94601	94-3205535	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
HOLY CROSS CHURCH/CROSSROADS FOOD PANTRY - 227 W. 42ND ST., NEW YORK, NY 10036	11 1111111	CHURCH	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
HOPE HOUSE OF ST. CROIX VALLEY 451 N. EVERETT STREET STILLWATER, MI 55082	41-1696215	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE., STE. C HOT SPRINGS, AK 71901	71-0778076	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
HOUSING OPPORTUNITIES FOR WOMEN (HOW) 1607 W. HOWARD STREET, 2ND FLOOR CHICAGO, IL 60626	36-3263818	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
HOUSING WORKS, INC. /PREVENTION ACCESS CAMPAIGN 57 WILLIUGHBY STREET, 2ND FLOOR BROOKLYN, NY 11201	13 3584089	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501 (C) (3)	30,000.	0.			UNRESTRICTED GENERAL SUPPORT
HUDSON VALLEY LGBTQ COMM CENTER 300 WALL STREET, P.O. BOX 3994 KINGSTON, NY 12402	20-3721531	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYACINTH AIDS FOUNDATION 317 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-2648820	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
IDENTITY HOUSE 11 SAINT MARKS AVE., APT. 3L NEW YORK, NY 11217	13-3002230	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
IMMIGRATION EQUALITY 594 DEAN STREET BROOKLYN, NY 11238	13-3802711	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
INDEPENDENCE NORTHWEST 1183 NEW HAVEN RD. #200 NAUGATUCK, CT 06770	06-1246618	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
INDIANA RECOVERY ALLIANCE PO BOX 394 BLOOMINGTON, IN 47402	47-3889160	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
INDIESPACE 4815 28TH AVENUE ASTORIA, NY 11103	47-4523884	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
INREACH 40 RECTOR ST., 9TH FLOOR NEW YORK, NY 10006	81-1066673	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
INSPIRICA 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
INTERFAITH AIDS MINISTRY OF GREATER DANBURY 39 ROSE STREET DANBURY, CT 06810	06-1314001	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

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

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INTERFAITH RESIDENCE/ DOORWAYS 4385 MARYLAND AVE., ST. LOUIS, MO 63108	43-1484279	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
IRIS HOUSE 2348 ADAM CLAYTON POWELL JR. BLVD. NEW YORK, NY 10030	13-3699201	501 (C) (3)	35,000.	0.			UNRESTRICTED GENERAL SUPPORT
JASMYN JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK - P.O. BOX 380103 JACKSONVILLE, FL 32204	59-3284175	501 (C) (3)	17,500.	0.			UNRESTRICTED GENERAL SUPPORT
JEWISH FAMILY SERVICE OF COLORADO 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84-0402701	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
JONAH BOKAER ARTS FOUNDATION 304 BOERUM STREET, APT. 23 BROOKLYN, NY 11206	56-2630951	501 (C) (3)	6,011.	0.			UNRESTRICTED GENERAL SUPPORT
JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
JOSHUA'S HEART PDTN, INC./FIRST CARE FOUNDATION 2040 NE 163RD ST., #303 N. MIAMI BEACH, FL 33162	32-0212441	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
KAISER'S ROOM 99 WALL STREET, #2465 NEW YORK, NY 10005	47-4469864	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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KATZ JEWISH COMMUNITY CENTER 1301 SPRINGDALE ROAD, #200 CHERRY HILL, NJ 08003	21-0634489	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
LAMBDA LEGAL DEFENSE & EDUCATION FUND, INC. 120 WALL STREET, STE. 1500 NEW YORK, NY 10005	23-7395681	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
LANSING AREA AIDS NETWORK 913 W. HOLMES RD., SUITE 115 LANSING, MI 48910	38-2791807	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LATINO COMMISSION ON AIDS 24 WEST 25TH STREET, 9TH FLOOR NEW YORK, NY 10010	13-3629466	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LATINOS SALUD 2330 WILTON DRIVE WILTON MANORS, FL 33305	26-2763535	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LEGACY COUNSELING CENTER 4054 MCKINNEY AVE., STE. 102 DALLAS, TX 75204	75-2296536	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
LEGAL ACTION CENTER 225 VARICK ST NEW YORK, NY 10014	13-2756320	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LESBIAN & GAY COMMUNITY SVCS CTR., INC. 350 SEVENTH AVE., #1603 NEW YORK, NY 10001	13-3217805	501 (C) (3)	262,250.	0.			UNRESTRICTED GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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LGBTQ CENTER OF SOUTHERN NEVADA 401 S. MARYLAND PARKWAY LAS VEGAS, NV 89101	94-3192750	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
LGBTQ+ VICTORY INSTITUTE 1225 1ST STREET NW, 525 WASHINGTON, DC 20005	52-1835268	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LIBERTY COMMUNITY SERVICES, INC. 254 COLLEGE STREET, FLOOR 2 NEW HAVEN, CT 06510	22-2849124	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
LIFELONG AIDS ALLIANCE 1002 EAST SENECA STREET SEATTLE, WA 98122	91-1215715	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
LIVE AND IN COLOR 170 DARLING ROAD SALEM, CT 06420	11-3451703	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
LIVE OUT LOUD, INC. 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	84-1628418	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
LOCAL 802 SENIOR MUSICIANS ASSOCIATION LOCAL 802, AFM, 322 WEST 48TH STREET NEW YORK, NY 10036	13-6226520	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
LOS ANGELES LGBT COMMUNITY SERVICES CENTER 1625 NORTH SCHRADER BLVD. LOS ANGELES, CA 90028	95-3567895	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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MAESTRA MUSIC, INC. 215 W. 104TH ST., #237 NEW YORK, NY 10025	83-3439518	501 (C) (3)	38,500.	0.			UNRESTRICTED GENERAL SUPPORT
MAITRI 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	94-3189198	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
MAMA'S KITCHEN, INC. 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
MARVIN HAMLISCH INT'L MUSIC AWARDS 5047 WEST MAIN STREET, STE. 267 KALAMAZOO, MI 49009	83-3921700	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
MAZZONI CENTER 21 SOUTH 12TH STREET, 12TH FLOOR PHILADELPHIA, PA 19107	23-2176338	501 (C) (3)	35,000.	0.			UNRESTRICTED GENERAL SUPPORT
MEALS FOR GOOD 130 MALCOLM X BLVD., STE. 802 NEW YORK, NY 10026	83-0779118	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
MEN'S HEALTH FOUNDATION 9201 W SUNSET BLVD, STE. 812 LOS ANGELES, CA 90069	47-0989142	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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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 GENERAL SUPPORT
METROPOLITAN AIDS NEIGHBORHOOD NUTRITION ALLIANCE (MANNA) - 2323 RANSTEAD STREETM PHILADELPHIA, PA 19103	23-2586142	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
METROPOLITAN COMMUNITY CHURCH OF NY(MCNY) 446 W. 36TH ST., - NEW YORK, NY 10018	13-4230871	501 (C) (3)	37,500.	0.			UNRESTRICTED GENERAL SUPPORT
MID COUNTY UNITED MINISTRIES (MOM) 11002 VEIRS MILL ROAD, STE. 710 SILVER SPRINGS, MD 20902	52 2072343	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
MISSOULA AIDS FUND/OPEN AID ALLIANCE 1500 WEST BROADWAY, STE. A - MISSOULA, MT 59802	36-3652244	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
MONTRUSE CLINIC / LEGACY COMMUNITY HEALTH SERVICES, INC. 215 WESTHEIMER HOUSTON, TX 77006	76 0009637	501 (C) (3)	30,000.	0.			UNRESTRICTED GENERAL SUPPORT
MONTRUSE COUNSELING CENTER, INC. 401 BRANARD STREET, 2ND FLOOR HOUSTON, TX 77006	74 2050245	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
MORGANTOWN HEALTH RIGHTS /MILAN PUSKAR HEALTH RIGHT P.O. BOX 1519 MORGANTOWN, WV 26505	31 1118673	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE LEVY PLACE, BOX 1049 NEW YORK, NY 10029	13-6171197	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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MOVEABLE FEAST INC. 901 NORTH MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
MOVEMENT STRATEGY CENTER 436 14TH ST., #500 OAKLAND, CA 94612	20-1037643	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
MUTTVILLE SENIOR DOG RESCUE 255 ALABAMA STREET SAN FRANCISCO, CA 94103	26-0416747	501 (C) (3)	5,075.	0.			UNRESTRICTED GENERAL SUPPORT
MY BROTHER'S KEEPER, INC. 407 ORCHARD PARK, BLDG. 1 RIDGELAND, MS 39157	64-0937314	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
MY FRIEND'S PLACE 5850 HOLLYWOOD BLVD., LOS ANGELES, CA 90028	95-4834034	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
N STREET VILLAGE 1333 N ST., NW WASHINGTON, DC 20005	52-2069681	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NATIONAL AIDS HOUSING COALITION 1000 VERMONT AVE., NW, STE. 1000 WASHINGTON, DC 20005	52-1917624	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
NATIONAL HARM REDUCTION COALITION 243 5TH AVE., #529 NEW YORK, NY 10016	94-3204958	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT

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NATIONAL MINORITY AIDS COUNCIL 1931 13TH STREET, NW WASHINGTON, DC 20009	52 1578289	501 (C) (3)	42,000.	0.			UNRESTRICTED GENERAL SUPPORT
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77 0194989	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
NC SURVIVOR'S UNION 1114 GROVE STREET GREENSBORO, NC 27403	83-2129340	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
NEBRASKA AIDS PROJECT, INC. 250 S. 77TH STREET, STE. A OMAHA, NE 68114	47-0786622	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH 410 WEST 40TH STREET - NEW YORK, NY 10018	27-2151000	501 (C) (3)	11,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW AVENUES FOR YOUTH 1220 SW COLUMBIA STREET PORTLAND, OR 97201	93 0910213	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176 0358	94 2607722	501 (C) (3)	100,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW JERSEY FEDERATION OF YOUNG MENS HEBREW ASSOCIATION 21 PLYMOUTH STRRET FAIRFIELD, NJ 07004	22 1487266	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW MEXICO COMM EDIN / NEW MEXICO COMM AIDS PRSHIP 903 W. ALAMEDA, #762 SANTA FE, NM 87501	85 0311210	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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NEW ORLEANS MUSICIANS CLINIC (NOMC) 1525 LOUISIANA AVE NEW ORLEANS, LA 70115	20-8139539	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW YORK CITY AIDS MEMORIAL P.O. BOX 23 NEW YORK, NY 10159	20-8139539	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW YORK CITY GAY & LESBIAN 24 W. 25TH ST., 12TH FLOOR NEW YORK, NY 10010	13-3149200	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NEW YORK LIVE ARTS, INC. 219 W. 19TH ST., NEW YORK, NY 10011	13-6206608	501 (C) (3)	47,000.	0.			UNRESTRICTED GENERAL SUPPORT
NORTH CALIFORNIA OUTREACH PROJECT 2042 MARKET STREET REDDING, CA 96001	27-2073271	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NORTH IDAHO ALLIANCE OF CARE (NIAC) 2201 GOVERNMENT WAY, STE. E COEUR D'ALENE, ID 83814	82-0509161	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
NORTH MANHATTAN ARTS ALLIANCE (NOMAA) 4140 BROADWAY NEW YORK, NY 10003	26-1997496	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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Schedule I (Form 990) BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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OPEN ARMS INC./BRYAN'S HOUSE P.O. BOX 35868 DALLAS, TX 75235	75-2217559	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE S. MINNEAPOLIS, MN 55404	41 1681317	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
OPEN DOOR PO BOX 99243 PITTSBURGH, PA 15233	30-0354607	501 (C) (3)	9,000.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
OPEN STAGE PROJECT, INC. 526 W. 26TH ST., STUDIO #522 NEW YORK, NY 10001	83-3782341	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
OPENING ACT P.O. BOX 25613, CAMDEN PLAZA STATIO BROOKLYN, NY 11202	13 4127500	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
OPTIONS FOR COMMUNITY LIVING, INC. 202 EAST MAIN STREET SMITHTOWN, NY 11787	11 2612035	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
OTHER OPTIONS, INC. 3636 NORTHWEST 51ST OKLAHOMA CITY, OK 73112	73 1341319	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
OUTRIGHT ACTION INTERNATIONAL 80 MAIDEN LANE, STE. 1505 NEW YORK, NY 10038	94 3139952	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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PACTA, INC. CALLE DOMINGO RUBIO, #60, STE. 2 ARECIBO, PR 00613	66 0529242	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PALMETTO COMMUNITY CARE 3547 MEETING STREET ROAD CHARLESTON, SC 29405	57-0905550	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PANHANDLE AIDS SUPPORT ORGANIZATION, INC. 1523 SOUTH TAYLOR AMARILLO, TX 79101	75-2219593	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PANTRY OF BROWARD 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	74-3215234	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
PARSONS DANCE FOUNDATION 124 E. 91ST STREET, #2B NEW YORK, NY 10128	13-3376271	501 (C) (3)	12,100.	0.			UNRESTRICTED GENERAL SUPPORT
PAUL TAYLOR DANCE FOUNDATION 551 GRAND STREET NEW YORK, NY 10002	13-2665475	501 (C) (3)	8,750.	0.			UNRESTRICTED GENERAL SUPPORT
PENNSYLVANIA WESTERN UNIVERSITY/ PA THRIVE PARTNERSHIP 15898 ROUTE 322, STE. 2 CLARION, PA 16214	25 1508140	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PEOPLE'S HARM REDUCTION ALLIANCE PO BOX 85038 SEATTLE, WA 98145	35 2307112	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PERSAD CENTER 5301 BUTLERS ST., #100 PITTSBURGH, PA 15201	25-1234680	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT

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PETER & PAUL COMMUNITY SERVICES, INC. 1025 PARK AVENUE, SUITE 1023 ST. LOUIS, MO 63104-3720	43-1349643	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PETS ARE LOVING SUPPORT P.O. BOX 1539 GUERNEVILLE, CA 95446	68-0295834	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PETS ARE WONDERFUL SUPPORT 134 W. 29TH STREET, STE. 802 NEW YORK, NY 10001	80-0233785	501 (C) (3)	18,742.	0.			UNRESTRICTED GENERAL SUPPORT
PHILADELPHIA CENTER MERCY CENTER 740 AUSTIN PLACE SHREVEPORT, LA 71101	72-1204252	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PINES CARE CENTER P.O. BOX 5333 FIRE ISLAND PINES, NY 11782	11-2644470	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVENUE, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
POINTS OF DISTRIBUTION/ SLO (SAN LUIS OBISPO) BANGERS 480 MORRO AVE., APT. E MORRO BAY, CA 93442	80-0285340	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
POSITIVE WELLNESS ALLIANCE, INC. PO BOX 703 LEXINGTON, NC 27293	56-1885607	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
POVERELLO CENTER, INC. 2056 NORTH DIXIE HIGHWAY WILTON MANORS, FL 33305	65-0056218	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRC POSITIVE RESOURCE CENTER 170 9TH STREET SAN FRANCISCO, CA 94103	94 3078431	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PREP4ALL COLLABORATION 520 EASTERN PARKWAY, APT. 2F BROOKLYN, NY 11225	85 3596607	501 (C) (3)	40,000.	0.			UNRESTRICTED GENERAL SUPPORT
PREVENT CRUELTY TO ANIMALS 63 E 4TH AVENUE SAN MATEO, CA 94401	26 3656362	501 (C) (3)	5,102.	0.			UNRESTRICTED GENERAL SUPPORT
PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE, LOWER LEVEL PHILADELPHIA, PA 19133	23 2663699	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR PITTSBURGH, PA 15221	25-1852314	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
PRIDE LIVE, INC. 2 14 50TH AVENUE, #303W LONG ISLAND CITY, NY 11101	90 0777065	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038 2702	95-4115863	501 (C) (3)	51,000.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501 (C) (3)	45,000.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	30,000.	0.			UNRESTRICTED GENERAL SUPPORT

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PROJECT LAZARUS PO BOX 3906 NEW ORLEANS, LA 70177 3906	72-1154192	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT OF PRIMARY HEALTH CARE, INC. 9943 HICKMAN ROAD, STE. 105 URBANDALE, IA 50322	42-1350092	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT OPEN HAND/ATLANTA 181 ARMOUR DRIVE, NE ATLANTA, GA 30324	58-1816778	501 (C) (3)	90,000.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT RENEWAL INC. 200 VARICK ST., 9TH FLOOR NEW YORK, NY 10014	13 2602882	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
PROJECT RESPONSE AIDS CENTER - NORTH - 745 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	59-3036563	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
RAUSCHENBUSCH METRO MINISTRIES 410 W. 40TH STREET NEW YORK, NY 10018	13-3859713	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
RECTOR CHURCH WARDENS & VESTRY MEMBERS ST. LUKE CHURCH 487 HUDSON ST. NEW YORK, NY 10014	13 2861673	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOMA - 5001 N. PENNSYLVANIA, SUITE 100 OKLAHOMA CITY, OK 73112	73 1375796	501 (C) (3)	35,000.	0.			UNRESTRICTED GENERAL SUPPORT
RHODE ISLAND PROJECT AIDS INC./AIDS PROJECT RHODE ISLAND - P.O. BOX 6688 PROVIDENCE, RI 02940	05-0417440	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT

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ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO 100 DIAMOND STREET SAN FRANCISCO, CA 94114 2414	94-1156774	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON, MA 02118	04-2582187	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
S.CAROLINA OVERDOSE RESPONSE & BDU (SCORE) 1408 DUNBAR ST., UNIT 1 MYRTLE BEACH, SC 29577	80-0285340	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAFE HORIZON/STREETWORK 2 LAFAYETTE STREET NEW YORK, NY 10007	13-2946970	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET SAN ANTONIO, TX 78208	74-2427853	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400 SAN FRANCISCO, CA 94103	94-2927405	501 (C) (3)	36,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAN FRANCISCO STUDY CENTER 1663 MISSION ST., STE. 310 SAN FRANCISCO, CA 94103	94-2168838	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK PO BOX 121158 SAN LUIS OBISPO, CA 93406	77-0205717	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
SAY THE STUTTERING ASSOC FOR THE YOUNG 55 W. 39TH ST., STE. 1001 NEW YORK, NY 10018	33-1049070	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT

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SECOND HELPINGS 1121 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46202	35-1484281	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
SELMA AIR PO BOX 396 SELMA, AL 36701	63-1133272	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
SENIOR ACTION IN A GAY ENVIRONMENT 305 SEVENTH AVE., SUITE 15 NEW YORK, NY 10001	13 2947657	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
SERO PROJECT P.O. BOX 1233 MILFORD, PA 18337	46-1626584	501 (C) (3)	35,000.	0.			UNRESTRICTED GENERAL SUPPORT
SHADOW'S FUND P.O. BOX 1472 LOMPOC, CA 93438	27-1239123	501 (C) (3)	5,265.	0.			UNRESTRICTED GENERAL SUPPORT
SHANNON'S S.H.A.R.E. FOUNDATION 120 24 223RD ST., CAMBRIA HEIGHTS, NY 11411	51 0172429	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
SHANTI 730 POLK STREET, 3RD FLOOR SAN FRANCISCO, CA 94109	94 2297147	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA STREET PITTSBURGH, PA 15224-2127	25-1781394	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
SING FOR YOUR SENIORS INC 1834 2ND AVENUE NEW YORK, NY 10128	20 8052382	501 (C) (3)	8,521.	0.			UNRESTRICTED GENERAL SUPPORT

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SISTERS OF PERPETUAL IN DULGENCE 1505 GOUGH ST., APT. 19 SAN FRANCISCO, CA 94109	94 3032120	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
SISU EMPOWERING OTHERS 1 EAST BROAD STREET, STE. 130-1171 BETHLEHEM, PA 18018	87 3794557	501 (C) (3)	7,551.	0.			UNRESTRICTED GENERAL SUPPORT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS (SEE) - 23532 CALABASAS RD., STE. A CALABASAS, CA 91302	95-4116679	501 (C) (3)	37,500.	0.			UNRESTRICTED GENERAL SUPPORT
SOLUTIONS ORIENTED ADDICTION RESPONSE (SOAR) - P.O. BOX 6423 - CHARLESTON, WV 25302	85-0586081	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
SONORAN PREVENTION WORKS 3201 N. 16TH ST., STE. 9 PHOENIX, AZ 85016	30-0760098	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
SOUTH ARKANSAS FIGHTS AIDS 526 WEST FAULKNER STREET EL DORADO, AR 71730	71 0705708	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
SOUTH JERSEY AGAINST AIDS, INC. 2604 PACIFIC AVE WILWOOD, NJ 08260	22-2686586	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
SOUTHERN AIDS COALITION 530 BEACON PARKWAY W., STE. 503 BIRMINGHAM, AL 35209	63 0985623	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE TUCSON, AZ 85719-6644	86-0864100	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT

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SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET LAKE CHARLES, LA 70601	72 1115522	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
SOUTHWEST RECOVERY ALLIANCE 1645 E. THOMAS ROAD, #3117 PHOENIX, AZ 85016	83-2201070	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
SPOKANE AIDS NETWORK 1121 S .PERRY ST., SPOKANE , WA 99202	91 1380583	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
ST. CLEMENT'S FOOD PANTRY 423 WEST 46TH STREET NEW YORK, NY 10036	13-1623985	CHURCH	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
ST. JOSEPH'S HOSPITAL/ PATOKA P.O. BOX 411 JASPER, IN 47547	35 0895838	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
ST. LUKE'S LUTHERAN CHURCH 308 W. 46TH ST., NEW YORK, NY 10036	11 2124560	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT
STATUS: HOME 17 EXECUTIVE PARK DR., NE, STE. 290 ATLANTA, GA 30318 2542	58 1829807	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
STREET WORKS 520 SYLVAN STREET NASHVILLE, TN 37206	62-1806967	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT

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SUNBURST PROJECTS 1025 19TH STREET, SUITE 1A SACRAMENTO, CA 95811	68-0239282	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
TECTONIC THEATER PROJECT 520 EIGHTH AVENUE, ROOM 313 NEW YORK, NY 10018	13-3686664	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE AIDS INSTITUTE (TAI) 17 DAVIS BLVD., STE. 403 TAMPA, FL 33606	65-0380952	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
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 GENERAL SUPPORT
THE AL HIRSCHFELD FOUNDATION 7 PENN PLAZA, STE. 1700 NEW YORK, NY 10001	20-0908729	501 (C) (3)	28,554.	0.			UNRESTRICTED GENERAL SUPPORT
THE ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	22-2684595	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
THE ALS ASSOCIATION 5881 GLENRIDGE DRIVE, #200 ATLANTA, GA 30328	58-1943490	501 (C) (3)	18,575.	0.			UNRESTRICTED GENERAL SUPPORT
THE AMERICAN THEATRE WING 230 W. 41ST ST., STE. 1101 NEW YORK, NY 10036	13-1893906	501 (C) (3)	17,000.	0.			UNRESTRICTED GENERAL SUPPORT

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THE BROADWAY LEAGUE FOUNDATION, INC. 729 SEVENTH AVENUE, 5TH FLOOR NEW YORK, NY 10019	13-3740065	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE CENTER FOR HIV LAW AND POLICY 147 PRINCE STREET BROOKLYN, NY 11201	02-0590588	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE DRAMATISTS GUILD FDTN./THE ASIAN AMERICAN THEATRE ARTISTS COLLECTIVE - 520 EIGHTH AVENUE, #2401 NEW YORK, NY 10018	13-6144932	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE ENTERTAINMENT COMMUNITY FUND 729 SEVENTH AVENUE 10TH FLOOR NEW YORK, NY 10019	13-1635251	501 (C) (3)	6,500,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE FORTUNE SOCIETY 29-76 NORTHERN BLVD., LONG ISLAND CITY, NY 11101	13-2645436	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE GENERATIONS PROJECT 31 W 34TH STREET, 8110 NEW YORK, NY 10001-3009	82-3129492	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE HOPE DINNERS AT ST. AUGUSTINE'S 116 SIXTH AVE., BROOKLYN, NY 11221	11-1111111	CHURCH	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE JOYCE THEATRE FOUNDATION, INC. 175 EIGHTH AVENUE NEW YORK, NY 10011	13-3038262	501 (C) (3)	8,000.	0.			UNRESTRICTED GENERAL SUPPORT

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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 GENERAL SUPPORT
THE PINES FOUNDATION, INC. P.O. BOX 5305 FIRE ISLAND PINES, NY 11782	11 3488704	501 (C) (3)	19,650.	0.			UNRESTRICTED GENERAL SUPPORT
THE PULMONARY FIBROSIS FOUNDATION 811 WEST EVERGREEN AVE SUITE 204 CHICAGO, IL 60642	84 1558631	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE RIVER FUND 11155 ROSELAND ROAD, UNIT 16 SEBASTIAN, FL 32958	59-3212877	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE SOURCE LGBT+ CENTER 109 NW 2ND AVENUE VISALIA, CA 93291	81-1907707	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE STAGE MANAGER'S ASSOCIATION P.O. BOX 526, TIMES SQUARE STATION NEW YORK, NY 10108	13-3426203	501 (C) (3)	12,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE STRILITE FOUNDATION 8615 CHICOT ROAD LITTLE ROCK, AR 72209	83 4396536	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
THE TREVOR PROJECT 9056 SANTA MONICA BLVD. #208 WEST HOLLYWOOD, CA 90069	95 4681287	501 (C) (3)	12,650.	0.			UNRESTRICTED GENERAL SUPPORT
THE VERDON FOSSE LEGACY 1001 AVENUE OF THE AMERICAS, 2ND FL NEW YORK, NY 10018	46-4134965	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

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THE WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE., NE WASHINGTON, DC 20018	52-1929922	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
THRIVE YOUTH CENTER 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	47-1528452	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
THURSDAY'S CHILD 80 TERRY STREET PATCHOGUE, NY 11772 3817	11-3068809	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
TIDES CENTER/HOMELESS YOUTH ALLIANCE - PO BOX 170427 - SAN FRANCISCO, CA 94117	94-3213100	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
TOGETHER HELPING OTHERS, INC. 800 3RD AVE., STE. 2800 NEW YORK, NY 10022	83-0663474	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
TOPEKA AIDS PROJECT 1001 SW GARFIELD TOPEKA, KS 66604	48-1032982	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
TOUCH OF ROCKLAND COUNTY, INC. 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501 (C) (3)	17,500.	0.			UNRESTRICTED GENERAL SUPPORT
TREATMENT ACTION GROUP (TAG) 261 FIFTH AVENUE, STE. 2110 NEW YORK, NY 10016	13-3624785	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
TROY AREA UNITED MINISTRIES, INC. 392 SECOND STREET TROY, NY 12180	14-1635408	501 (C) (3)	22,500.	0.			UNRESTRICTED GENERAL SUPPORT

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TUCSON INTERFAITH HIV/AIDS NETWORK (TIHAN) 260 1ST AVENUE TUCSON, AZ 85719	86 0819574	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
U.S. FRIENDS OF ERAN 22 JUNARD DRIVE ROSLYN, NY 11576	84 3341735	501 (C) (3)	100,000.	0.			UNRESTRICTED GENERAL SUPPORT
UAF LEGACY HEALTH 150 S 1000 E SALT LAKE CITY, UT 84102	87-0455172	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
UNIQUE PROJECTS, INC. 40 BROAD STREET, STE. 602 NEW YORK, NY 10004	13 3085289	501 (C) (3)	6,000.	0.			UNRESTRICTED GENERAL SUPPORT
UNITED STATES CATHOLIC CO/URSULINE SISTERS HIV/AIDS MINISTRY 4250 SHIELDS ROAD - CANFIELD, OH 44406	34-0720564	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
UNIVERSITY OF CHICAGO/ CHICAGO CENTER FOR HIV ELIMINATION - 1525 E. 55TH ST., STE. 205 CHICAGO, IL 60615	36 2177139	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
UPPER DELAWARE GLBT CTR / TRIVERSITY 201 WEST HARTFORD STREET MILFORD, PA 18337	26 3317443	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
US CATHOLIC CONFERENCE/ ALEXIAN BROTHERS (USCC) 825 WEST WELLINGTON AVE., CHICAGO, IL 60657 9249	36 3527899	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
US CONFERENCE OF CATHOLIC BISHOPS / HOUSE OF MERCY INC. - P.O. BOX 808, 701 MERCY DRIVE - BELMONT, NC 28012	56-1733055	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT

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US HELPING US 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	52-1628279	501 (C) (3)	65,000.	0.			UNRESTRICTED GENERAL SUPPORT
VALLARTA CARES INC 33219 FOREST WEST STREET MAGNOLIA, TX 77354	99-2651231	501 (C) (3)	20,000.	0.			UNRESTRICTED GENERAL SUPPORT
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CANYON AVE. NORTH HOLLYWOOD, CA 91605	23-7050082	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
VENICE FAMILY CLINIC 2401 LINCOLN BOULEVARD SANTA MONICA, CA 90405	95-4460765	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
VICTORY PROGRAMS, INC. 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
VIEQUES CONCERT SOCI 22 CALLE HUGAR VIEQUES, PR 00765	66-0755246	501 (C) (3)	7,500.	0.			UNRESTRICTED GENERAL SUPPORT
VIRGINIA MASON MEDICAL CENTER 2720 EAST MADISON ST., SEATTLE, WA 98112-4762	91-1351110	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
VISUAL AIDS FOR THE ARTS, INC. 526 WEST 26TH STREET, #510 NEW YORK, NY 10001	13-3621169	501 (C) (3)	6,130.	0.			UNRESTRICTED GENERAL SUPPORT
VIVENT HEALTH 820 N. PLANKINTON AVE., MILWAUKEE, WI 53203	39-1534049	501 (C) (3)	31,500.	0.			UNRESTRICTED GENERAL SUPPORT

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VT COMMITTEE FOR AIDS RESOURCES EDU/ VERMONT CARES 187 SAINT PAUL STREET - BURLINGTON, VT 05401	03-0307864	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH STREET TUSCALOOSA, AL 35401	63-0995963	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
WEST SIDE CENTER FOR COMMUNITY LIFE 263 W. 86TH ST., - NEW YORK, NY 10024	71-0908184	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
WHITMAN WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501 (C) (3)	40,000.	0.			UNRESTRICTED GENERAL SUPPORT
WYOMING AIDS ASSISTANCE P.O. BOX 674 LARAMIE, WY 82073	81-4906541	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT
XAVIER MISSION, INC. 55 W. 15TH STREET NEW YORK, NY 10011	45-3763576	501 (C) (3)	12,500.	0.			UNRESTRICTED GENERAL SUPPORT
YALE GLOBAL HEALTH JUSTICE PARTNERSHIP 127 WALL STREET NEW HAVEN, CT 06511	06-0646972	501 (C) (3)	25,000.	0.			UNRESTRICTED GENERAL SUPPORT
YOU GOTTA BELIEVE 3114 MERMAID AVE BROOKLYN, NY 11224	11-3272603	501 (C) (3)	15,000.	0.			UNRESTRICTED GENERAL SUPPORT
YOUR KIDS, OUR KIDS, INC. 275 JERSEY AVENUE GREENWOOD LAKE, NY 10925	47-5299128	501 (C) (3)	10,000.	0.			UNRESTRICTED GENERAL SUPPORT

Schedule I (Form 990)

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 GRANTEEES 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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990.

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

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

2

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

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4a

X

b Participate in or receive payment from a supplemental nonqualified retirement plan?

4b

X

c Participate in or receive payment from an equity-based compensation arrangement?

4c

X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" on line 6a or 6b, describe in Part III.

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

7

X

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

8

X

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

9

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

Schedule J (Form 990) 2023

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	21	157,618.	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 (AIRLINE VOUCHER)	X	796	298,000.	FMV VALUATION STUDY
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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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 ITEMS CONTRIBUTED.

**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

2023
**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.

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

Schedule O (Form 990) 2023

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

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	-29,919.
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