



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BROADWAY CARESEQUITY FIGHTS AIDS INC		<b>D Employer identification number</b>  13-3458820
	% LARRY COOK DIRECTOR OF FINAN Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number  (212) 840-0770
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10036		<b>G</b> Gross receipts \$ 22,046,003
	<b>F</b> Name and address of principal officer TOM VIOLA 165 WEST 46TH STREET NEW YORK,NY 10036		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J Website:</b> ▶ www bcefa org		<b>H(c)</b> Group exemption number ▶	

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1988	<b>M</b> State of legal domicile NY
--	---------------------------------	-------------------------------------

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO MOBILIZE THE ENTERTAINMENT INDUSTRY TO RAISE FUNDS FOR GRANTS FOR AIDS SERVICE ORGANIZATIONS AND OTHER HEALTH ISSUES, DISASTER RELIEF, ETC AS DIRECTED BY THE BOARD			
	2 Check this box <input type="checkbox"/> 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)	50	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	50	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	107	
6	Total number of volunteers (estimate if necessary)	200		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	189,513		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	17,898,544	21,064,222
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-62,118	38
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	139,577	189,513
			17,976,003	21,253,773
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	10,694,777	11,956,096
	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)	4,671,450	5,146,115
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	71,164	71,239
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>2,254,562</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,199,046	3,691,460
	19	Revenue less expenses Subtract line 18 from line 12	18,636,437	20,864,910
Net Assets or Fund Balances			-660,434	388,863
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,071,323	3,207,809
	21	Total liabilities (Part X, line 26)	2,681,683	3,320,310
	22	Net assets or fund balances Subtract line 21 from line 20	-610,360	-112,501

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		2016-06-30 Date		
	Tom Viola Executive Director Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name JULIE FLOCH	Preparer's signature JULIE FLOCH	Date	Check <input type="checkbox"/> if self-employed	PTIN P00736879
	Firm's name ▶ EISNERAMPER LLP			Firm's EIN ▶	
	Firm's address ▶ 750 THIRD AVENUE  NEW YORK, NY 100172703			Phone no (212) 949-8700	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

BECEFA'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

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



















If "Yes," describe these changes on Schedule O

4a	(Code	) (Expenses \$	11,956,096	including grants of \$	11,956,096	) (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						

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses ▶</b>	<b>16,510,387</b>
-----------	---	-------------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	12	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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.	107	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
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	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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?		No
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?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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	AL, AZ, AR, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	LARRY COOK DIRECTOR OF FINAN 165 WEST 46TH STREET SUITE 1300 NEW YORK, NY 10036 (212) 840-0770

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	717,074	0	55,525

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶5

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	2,128,883			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	18,935,339			
	g	Noncash contributions included in lines 1a-1f \$	209,607			
	h	Total. Add lines 1a-1f . . . . .	21,064,222			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	633			633
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)	0			0
	d	Net rental income or (loss) . . . . .	0			
	7a	Gross amount from sales of assets other than inventory	59,012			
	b	Less cost or other basis and sales expenses	59,607			
	c	Gain or (loss)	-595			
	d	Net gain or (loss) . . . . .	-595			-595
	8a	Gross income from fundraising events (not including \$ 2,128,883 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a		483,597			
	b	Less direct expenses . . . . . b	483,597			
	c	Net income or (loss) from fundraising events . . . . .	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a					
	b	Less direct expenses . . . . . b				
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	a		438,539			
	b	Less cost of goods sold . . . . . b	249,026			
	c	Net income or (loss) from sales of inventory . . . . .	189,513		189,513	
		Miscellaneous Revenue				
	11a	Business Code				
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	0			
	12	Total revenue. See Instructions . . . . .	21,253,773		189,513	38

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.	11,360,403	11,360,403		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	595,693	595,693		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	378,307	263,061	115,246	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	3,079,926	1,842,439	660,489	576,998
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	816,884	498,299	179,715	138,870
9	Other employee benefits.	582,033	354,363	130,559	97,111
10	Payroll taxes.	288,965	175,933	64,819	48,213
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	38,000		38,000	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	71,239			71,239
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	246,589	109,727	47,882	88,980
12	Advertising and promotion.	373,214	60,857	56,224	256,133
13	Office expenses.	197,278	70,722	86,743	39,813
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	696,107	423,816	156,147	116,144
17	Travel.	132,313	41,937	26,042	64,334
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	75,305	27,485	21,421	26,399
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	40,803		40,803	
23	Insurance.	35,734	21,756	8,016	5,962
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SECURITY	38,448		13,968	24,480
b	DUES AND SUBSCRIPTIONS	12,321	7,581	3,387	1,353
c	PURCHASE OF THEATER TICKETS	10,170	1,987	8,183	
d	PRODUCTION COSTS	913,819	373,317		540,502
e	All other expenses	881,359	281,011	442,317	158,031
25	Total functional expenses. Add lines 1 through 24e.	20,864,910	16,510,387	2,099,961	2,254,562
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			631,860	1	1,267,151
	2	Savings and temporary cash investments . . . . .			582,500	2	1,087,751
	3	Pledges and grants receivable, net . . . . .			42,276	3	90,619
	4	Accounts receivable, net . . . . .			55,921	4	63,290
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			323,633	8	235,318
	9	Prepaid expenses and deferred charges . . . . .			224,174	9	249,297
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	435,636			
	b	Less accumulated depreciation . . . . .	10b	312,703	118,965	10c	122,933
	11	Investments—publicly traded securities . . . . .			3,263	11	2,719
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets See Part IV, line 11 . . . . .			88,731	15	88,731
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,071,323	16	3,207,809
Liabilities	17	Accounts payable and accrued expenses . . . . .			244,163	17	324,055
	18	Grants payable . . . . .			500,000	18	540,000
	19	Deferred revenue . . . . .			197,309	19	453,125
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			1,740,211	25	2,003,130
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,681,683	26	3,320,310
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-956,402	27	-436,422
	28	Temporarily restricted net assets . . . . .			346,042	28	323,921
	29	Permanently restricted net assets . . . . .			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			-610,360	33	-112,501
	34	Total liabilities and net assets/fund balances . . . . .			2,071,323	34	3,207,809

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	21,253,773
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	20,864,910
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	388,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	-610,360
5	Net unrealized gains (losses) on investments . . . . .	5	31
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 in Schedule O) . . . . .	9	108,965
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-112,501

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
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 in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 13-3458820

Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL LIBIN ..... PRESIDENT	2 0 ..... 0 0	X		X				0	0	0
(1) IRA MONT ..... FIRST VICE PRESIDENT	2 0 ..... 0 0	X		X				0	0	0
(2) THOMAS SCHUMACHER ..... SECOND VICE PRESIDENT	2 0 ..... 0 0	X		X				0	0	0
(3) NINA LANNAN ..... THIRD VICE PRESIDENT	2 0 ..... 0 0	X		X				0	0	0
(4) SHERRY COHEN ..... FOURTH VICE PRESIDENT	2 0 ..... 0 0	X		X				0	0	0
(5) JUDITH RICE ..... SECRETARY	2 0 ..... 0 0	X		X				0	0	0
(6) PHILIP BIRSH ..... TREASURER	2 0 ..... 0 0	X		X				0	0	0
(7) CORNELIUS BAKER ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(8) JOHN BARNES ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(9) SCOTT BARNES ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(10) JOSEPH BENINCASA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(11) DAVID BINDER ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(12) CHRIS BONEAU ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(13) BARRY BROWN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(14) KATE BURTON ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(15) ROBERT CALLELY ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(16) KATHLEEN CHALFANT ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(17) ALAN CUMMING ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(18) GAVIN DARRAUGH ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(19) MICHAEL DAVID ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(20) B MERLE DEBUSKEY ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(21) MARIA DI DIA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(22) PAUL DIDONATO ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(23) SAM ELLIS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(24) RICHARD FRANKEL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ROY HARRIS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(1) RICHARD HESTER ..... PRESIDENT	2 0 ..... 0 0	X						0	0	0
(2) RICHARD JAY-ALEXANDER ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(3) CHERRY JONES ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(4) NATHAN LANE ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(5) JAY LAUDATO ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(6) MARGO LION ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(7) JOE MACHOTA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(8) NANCY MAHON ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(9) MARY MCCOLL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(10) KEVIN MCCOLLUM ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(11) TERRENCE MCNALLY ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(12) JERRY MITCHELL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(13) BERNADETTE PETERS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(14) CHITA RIVERA ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(15) JORDAN ROTH ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(16) NICK SCANDALIOS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(17) ROBERT SCORE ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(18) PHILIP J SMITH ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(19) CHARLOTTE ST MARTIN ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(20) DAVID STONE ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(21) STUART THOMPSON ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(22) TIM TOMPKINS ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(23) ROBERT WANKEL ..... TRUSTEE	2 0 ..... 0 0	X						0	0	0
(24) NICK WYMAN ..... TRUSTEE (THROUGH JULY 2015)	2 0 ..... 0 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) Craig Jacobs ..... Trustee	2 0 ..... 0 0	X						0	0	0
(1) TOM VIOLA ..... EXECUTIVE DIRECTOR	40 0 ..... 0 0			X				193,810	0	9,576
(2) LAWRENCE COOK ..... DIRECTOR OF FINANCE/ADMIN	40 0 ..... 0 0			X				166,581	0	9,576
(3) DANIEL WHITMAN ..... DIR COMMUNICATIONS/DEVELOPMENT	40 0 ..... 0 0					X		133,315	0	17,573
(4) MICHAEL GRAZIANO ..... PRODUCING DIRECTOR	40 0 ..... 0 0					X		119,983	0	9,400
(5) JOHN DAUNTER ..... PRODUCING DIRECTOR	40 0 ..... 0 0					X		103,385	0	9,400



SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BROADWAY CARESEQUITY 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 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,008,516	18,032,540	16,733,311	17,836,800	21,064,222	89,675,389
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	16,008,516	18,032,540	16,733,311	17,836,800	21,064,222	89,675,389
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)						4,756,192
6 Public support. Subtract line 5 from line 4						84,919,197

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	16,008,516	18,032,540	16,733,311	17,836,800	21,064,222	89,675,389
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	523	1,398	1,280	136	615	3,952
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	921	10,016	11	87	18	11,053
11 Total support Add lines 7 through 10						89,690,394
12 Gross receipts from related activities, etc (see instructions)					12	1,731,101
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						

Section C. Computation of Public Support Percentage						
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>94 680 %</td></tr><tr><td>15</td><td>95 122 %</td></tr></table>	14	94 680 %	15	95 122 %
14	94 680 %					
15	95 122 %					
15	Public support percentage for 2013 Schedule A, Part II, line 14					
16a	<b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
b	<b>33 1/3% support test—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
17a	<b>10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
b	<b>10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>				
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>				

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

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

**Facts And Circumstances Test**

Return Reference

Explanation



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BROADWAY CARESEQUITY 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" to 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 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" to Form 990, Part IV, line 10.

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No
- 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' to 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		163,943	118,575	45,368
d Equipment		121,026	84,680	36,346
e Other		150,667	109,448	41,219
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				122,933



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	21,600,885
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	31
b	Donated services and use of facilities . . . . .	2b	115,794
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	249,026
e	Add lines 2a through 2d . . . . .	2e	364,851
3	Subtract line 2e from line 1 . . . . .	3	21,236,034
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	17,739
c	Add lines 4a and 4b . . . . .	4c	17,739
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	21,253,773

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	21,211,991
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	115,794
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	249,026
e	Add lines 2a through 2d . . . . .	2e	364,820
3	Subtract line 2e from line 1 . . . . .	3	20,847,171
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	17,739
c	Add lines 4a and 4b . . . . .	4c	17,739
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	20,864,910

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.

Return Reference	Explanation
fin 48	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, relating 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 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. statements
PART XI, LINE 2D	COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$249,026 Part XI, Line 4B Fees paid to auctioneer, who is a registered professional fundraiser, were netted against income within the financial statements, therefore revenue is grossed up by these fees within the tax return.
PART XII, LINE 2D	COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS AN EXPENSE AND IN THE TAX RETURN AS A REDUCTION OF REVENUE = \$249,026 Part XII, Line 4B Fees paid to auctioneer, who is a registered professional fundraiser, were netted against income within the financial statements, therefore expenses are grossed up by these fees within the tax return.

[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number  
13-3458820

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) Sub-Saharan Africa	0	0	Grantmaking		311,000
( 2 ) North America	0	0	Grantmaking		185,420
( 3 ) Europe (Including Iceland and Greenland)	0	0	Grantmaking		74,273
( 4 ) East Asia and the Pacific	0	0	Grantmaking		25,000
( 5 )					
3a Sub-total	0	0			595,693
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			595,693

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )	See Add'l Data								
( 2 )									
( 3 )									
( 4 )									
( 5 )									
( 6 )									
( 7 )									
( 8 )									
( 9 )									
( 10 )									
( 11 )									
( 12 )									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

2

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

21

3

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

0

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

Additional Data

Software ID:  
Software Version:  
EIN: 13-3458820  
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Unrestricted	20,000				
		Europe (Including Iceland and Greenland)	Unrestricted	15,000				
		North America	Unrestricted	15,000				
		Sub-Saharan Africa	Unrestricted	10,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Unrestricted	20,000				
		Sub-Saharan Africa	Unrestricted	10,000				
		Europe (Including Iceland and Greenland)	Unrestricted	7,739				
		Sub-Saharan Africa	Unrestricted	15,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Unrestricted	20,000				
		Sub-Saharan Africa	Unrestricted	15,000				
		Europe (Including Iceland and Greenland)	Unrestricted	15,000				
		Sub-Saharan Africa	Unrestricted	30,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Unrestricted	71,000				
		East Asia and the Pacific	Unrestricted	25,000				
		North America	Unrestricted	165,420				
		Europe (Including Iceland and Greenland)	Unrestricted	26,533				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Unrestricted	40,000				
		Sub-Saharan Africa	Unrestricted	20,000				
		Sub-Saharan Africa	Unrestricted	10,000				
		Sub-Saharan Africa	Unrestricted	20,000				

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Unrestricted general	10,000				



SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number  
13-3458820

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WHITTIER AND ASSOCIATES INC	CONSULTING		No	180,458	53,500	233,958
2 Charity Buzz Inc	Auctioneer	Yes		89,752	17,739	107,491
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				270,210	71,239	341,449

3

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		Broadway Bares (event type)	Fire Island (event type)	7 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	973,695	549,857	1,088,928
	2	Less Contributions . . . .	706,772	512,027	910,084
	3	Gross income (line 1 minus line 2) . . . .	266,923	37,830	178,844
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . . .			
	6	Rent/facility costs . . . .	266,923		266,923
	7	Food and beverages . . . .			
	8	Entertainment . . . .	37,830		37,830
	9	Other direct expenses . . . .		178,844	178,844
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to 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))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	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 activities 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

\$ and the \$

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 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).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BROADWAY CARESEQUITY FIGHTS AIDS INC

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
13-3458820

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

(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
See Additional Data Table							

2

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

333

3

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

3

**Part III**

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 13-3458820  
Name: BROADWAY CARESEQUITY FIGHTS AIDS INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
A BETTER PLACE232 East 84th St New York, NY 10028	13-3645176	501 ( c ) (3)	12,500				Unrestricted general
A is For411 Lafayette St New York, NY 10003	46-2929713	501 ( c ) (3)	7,500				Unrestricted general
ACCESS AIDS Care CANDII 222 West 21st St Norfolk, VA 23517	54-1545157	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ACCESS NETWORK INC 5710 North Okatie Hway Ridgeland,SC 29936	57-0958723	501 ( c ) (3)	7,500				Unrestricted general
ACTION AIDS OF PHILA 1216 Arch St Philadelphia,PA 19107	23-2446355	501 ( c ) (3)	10,000				Unrestricted general
Africa Redemption Alliance Inc1299 College Avenue Bronx,NY 10456	31-1680986	501 ( c ) (3)	25,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Inc429 West 127th St New York, NY 10027	13-3749744	501 ( c ) ( 3 )	7,500				Unrestricted general
AFTER HOURS PROJECT INC1204 Broadway Brooklyn, NY 11221	33-1007278	501 ( c ) ( 3 )	15,000				Unrestricted general
AGMA Emergency Relief Fund1430 Broadway New York, NY 10018	13-6155701	501 ( c ) ( 3 )	10,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AID ATLANTA INC1605 Peachtree St NE Atlanta, GA 30309	58-1537967	501 ( c ) ( 3 )	7,500				Unrestricted general
Aid for AIDS International 515 Greenwich St New York, NY 10013	13-3954568	501 ( c ) ( 3 )	7,500				Unrestricted general
AID UPSTATE811 Pendleton St Greenville, SC 29601	57-0848637	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 ACTION BALTIMORE INC10 East Eager St Baltimore,MD 21202	52-1512614	501 ( c ) ( 3 )	10,000				Unrestricted general
AIDS Action Committee of Massachusetts75 Amory St Boston,MA 021190000	22-2707246	501 ( c ) ( 3 )	15,000				Unrestricted general
AIDS ALABAMA SOUTH 2054 Dauphin St Mobile,AL 36609	58-1727755	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CARE OCEAN STATE 18 Parkis Avenue Providence,RI 029070000	22-2929749	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Circle of Hope of North Central TexasPO Box 1963 Wichita Falls, TX 763071963	75-2576568	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Community Research Consortium2684 Middlefield Rd Redwood City, CA 94063	94-3100725	501 ( c ) ( 3 )	12,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Community Research Initiative of America (ACR 230 West 38th St New York, NY 10018	13-3632234	501 ( c ) ( 3 )	26,000				Unrestricted general
AIDS EMERGENCY FUND12 Grace Street San Francisco, CA 94103	94-2922039	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Foundation Houston Inc3202 Wesleyan Annex Houston, TX 77027	76-0073661	501 ( c ) ( 3 )	35,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Foundation of Chicago - HIV Prevention Justic200 West Jackson Blvd Chicago,IL 60606	36-3412054	501 ( c ) ( 3 )	35,000				Unrestricted general
AIDS Institute17 Davis Blvd Tampa,FL 33606	65-0380952	501 ( c ) ( 3 )	20,000				Unrestricted general
AIDS Interfaith Residential Services Inc1800 North Charles St Baltimore,MD 21201	52-1576701	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 MinistriesAIDS Assist of North Indiana Inc201 S William St South Bend,IN 46601	35-1902136	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS OUTREACH CENTER400 North Beach St Fort Worth,TX 76111	75-2139336	501 ( c ) ( 3 )	12,500				Unrestricted general
AIDS PARTNERSHIP MICHIGAN2751 East Jefferson Ave Detroit,MI 48207	38-2464851	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 PROJECT LOS ANGELES611 S Kingsley Los Angeles,CA 900052319	95-3842506	501 ( c ) (3)	10,000				Unrestricted general
AIDS PROJECT NEW HAVEN1302 Chapel St New Haven,CT 065110000	22-2506184	501 ( c ) (3)	15,000				Unrestricted general
AIDS Project of Greater Danbury300 West St Danbury,CT 068100000	22-0951387	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Project of Southern Vermont15 Grove St Brattleboro,VT 053020000	22-2950456	501 ( c ) (3)	7,500				Unrestricted general
AIDS Project Rhode Island PO Box 6688 Providence,RI 029406688	05-0417440	501 ( c ) (3)	7,500				Unrestricted general
AIDS RESOURCE CENTER OF WISCONSIN INC820 N Plankinton Ave Milwaukee,WI 53203	39-1534049	501 ( c ) (3)	8,500				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Resource Center Ohio Columbus1751 East Long St Columbus,OH 43203	31-1256541	501 ( c ) (3)	10,000				Unrestricted general
AIDS RESOURCE COUNCIL INC315 West 10th St Rome,GA 30165	58-2272225	501 ( c ) (3)	10,000				Unrestricted general
AIDS Resource Group of Evansville Inc201 NW Fourth St Evansville,IN 47708	35-1834665	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 RESPONSE SEACOAST1 Junkins Ave Portsmouth, NH 038010000	22-2884488	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Service Association of Pinellas Inc3050 1st Ave St Petersburg, FL 337121010	59-2862537	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Service Center909 South Fair Oaks Ave Pasadena, CA 91105	95-4165358	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Center Coalition810 Barret Ave Loursville, KY 40204	61-1225984	501 ( c ) ( 3 )	10,000				Unrestricted general
AIDS Services CoalitionPO Box 169 Hattiesburg, MS 39403	14-1855167	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Services Foundation Orange County (ASF)17982 Sky Park Circle Irvine, CA 926146408	33-0126481	501 ( c ) ( 3 )	7,500				Unrestricted general

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS Services of Austin 7215 Cameron Rd Austin, TX 78752	74-2440845	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS Services of DallasPO Box 4338 Dallas, TX 75208	75-2144518	501 ( c ) ( 3 )	7,500				Unrestricted general
AIDS UNITED1424 K St Washington, DC 20005	52-1706646	501 ( c ) ( 3 )	35,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AIDSHIV Health Alternatives11130 Huston North Hollywood, CA 916014434	95-4607820	501 ( c ) ( 3 )	7,500				Unrestricted general
ALBANY DAMIEN CENTER 646 STATE ST Albany, NY 12203	22-3108995	501 ( c ) ( 3 )	12,500				Unrestricted general
ALI FORNEY CENTER527 W 22nd St New York, NY 10011	30-0104507	501 ( c ) ( 3 )	17,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALIVENESS PROJECT730 East 38th St Minneapolis, MN 55407	41-1593900	501 ( c ) ( 3 )	10,000				Unrestricted general
AMPLEHARVESTORG23 Clover Rd Newfoundland, NJ 074350000	27-2433274	501 ( c ) ( 3 )	12,500				Unrestricted general
APPETITE FOR LIFE INC402 W Cervantes St Pensacola, FL 32501	59-3415148	501 ( c ) ( 3 )	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARLINGTON SEVENTH DAY ADVENTIST CHURCH4409 Pleasantview Dr Arlington, TX 76017	11-1111111	501 ( c ) ( 3 )	10,000				Unrestricted general
ARTISTS STRIVING TO END POVERTY INC165 W 46TH ST NEW YORK, NY 10036	20-4532991	501 ( c ) ( 3 )	122,269				Unrestricted general
Asian Americans for Community Involvement 2400 Moorpark Ave San Jose, CA 95128	94-2292491	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Atlanta Harm Reduction Coalition IncPO Box 92670 Atlanta, GA 30318	58-2227958	501 ( c ) ( 3 )	15,000				Unrestricted general
BAILEY HOUSE INC1751 Park Ave New York, NY 10035	13-3165181	501 ( c ) ( 3 )	20,000				Unrestricted general
BAILEY-BOUSHAY HOUSE 2720 E Madison St Seattle, WA 98112	91-1351110	501 ( c ) ( 3 )	10,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Being Alive San Diego3940 Fourth Ave San Diego, CA 92103	33-0439092	501 ( c ) ( 3 )	10,000				Unrestricted general
Bering Omega Community ServicesPO Box 540517 Houston,TX 772540517	76-0589592	501 ( c ) ( 3 )	7,500				Unrestricted general
BIENSTAR HUMAN SERVICES5326 East Bev Blvd Los Angeles,CA 90022	65-4505737	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CARES2201 South Monroe St Tallahassee, FL 32301	59-2816580	501 ( c ) ( 3 )	7,500				Unrestricted general
BIRMINGHAM AIDS OUTREACH205 32nd Street South Birmingham, AL 35233	63-0948495	501 ( c ) ( 3 )	7,500				Unrestricted general
BLACK AIDS INSTITUTE 1833 West 8 St Los Angeles, CA 900574920	95-4742741	501 ( c ) ( 3 )	35,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bloomington Hospital Positive Link333 E Miller Drive Bloomington,IN 47401	35-1720796	501 ( c ) ( 3 )	7,500				Unrestricted general
BOULDER COUNTY AIDS PROJECT2118 Fourteenth St Boulder,CO 80302	74-2442032	501 ( c ) ( 3 )	7,500				Unrestricted general
BRONX AIDS SVCS INCBOOM HEALTH540 E Fordham Rd Bronx,NY 10458	13-3599121	501 ( c ) ( 3 )	40,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRYAN'S HOUSEPO Box 35868 Dallas, TX 75235	75-2217559	501 (c)(3)	7,500				Unrestricted general
Bywater Church of ChristChristian Outreach MinistPO Box 3311 New Orleans, LA 70117	72-0833074	501 (c)(3)	20,000				Unrestricted general
Callen-Lorde Community Health Center356 West 18th St New York, NY 10011	13-3409680	501 (c)(3)	43,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CANCER SCHMANCER 22837 PACIFIC COAST HWY Malibu,CA 90265	26-0489038	501 ( c ) ( 3 )	25,000				Unrestricted general
CARACOLE INC1821 Summit Road Cincinnati, OH 45237	31-1210524	501 ( c ) ( 3 )	10,000				Unrestricted general
CARITAS HOUSE INC391 Scott Ave Morgantown, WV 26508	55-0743418	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CASA DE ESPERANZA DE LOS NINOS INCPO Box 66581 Houston,TX 772666581	76-0106306	501 ( c ) (3)	7,500				Unrestricted general
CASCADE AIDS PROJECT INC208 SW Fifth Ave Portland,OR 97204	93-0903383	501 ( c ) (3)	21,000				Unrestricted general
CEDAR VALLEY HOSPICE 2101 Kimball Ave Waterloo,IA 50704	42-1135294	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER FOR HEALTH JUSTICE900 Avila St Los Angeles,CA 90012	42-1605887	501 ( c ) ( 3 )	10,000				Unrestricted general
Center for HIV Law and Policy HIV Decriminalizat250 West 26th St New York, NY 10006	02-0590588	501 ( c ) ( 3 )	25,000				Unrestricted general
CENTER FOR HIVAIDS EDUCATIONAL STUDIES & TRAINING142 w 36TH St New York, NY 10018	22-2830882	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER IN ASBURY PARK INC806 Third Ave Asbury Park, NJ 077120000	23-3253558	501 ( c ) ( 3 )	10,000				Unrestricted general
Central Florida Haven of Hope Ministries Inc1902 West Colonial Drive Orlando, FL 32804	59-3338309	501 ( c ) ( 3 )	15,000				Unrestricted general
Central Louisiana AIDS Support Services904 13th St Alexandria, LA 71301	72-1097079	501 ( c ) ( 3 )	7,500				Unrestricted general



**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Charlotte HIVAIDS People Support Inc18200 Paulson Dr Port Charlotte,FL 33954	65-0498294	501 ( c ) (3)	7,500				Unrestricted general
CHASE BREXTON HEALTH SERVICES1001 Cathedral St Baltimore,MD 21201	52-1638592	501 ( c ) (3)	20,000				Unrestricted general
CHATTANOOGA CARES13 Kent St West Chattanooga,TN 37405	62-1325543	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Chicago House and Social Service Agency1925 N Clybourn Chicago,IL 60614	36-3376432	501 ( c ) (3)	57,500				Unrestricted general
CHIEF KINA HEALTH CLINIC129 DAYCARE RD LIVINGSTON,TX 77351	74-1381437	501 ( c ) (3)	15,000				Unrestricted general
Children of Parents with AIDS Inc (COPWA )College Station New York,NY 100300602	13-3893391	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Children's Place Association 1436 W Randolph Chicago,IL 60607	36-3641017	501 ( c ) (3)	7,500				Unrestricted general
Church of St Luke in the Fields - The PLWA Projec 487 Hudson St New York, NY 10014	13-2861673	501 ( c ) (3)	10,000				Unrestricted general
Church of the Harvest's Food PantryPO Box 183 Pahokee,FL 33476	65-1079385	501 ( c ) (3)	25,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Citymeals-on-Wheels355 Lexington Ave New York, NY 100176603	13-3634381	501 ( c ) ( 3 )	35,000				Unrestricted general
Coalition on AIDS in Passaic County Inc100 Hamilton Plaza Paterson, NJ 075050000	22-2855342	501 ( c ) ( 3 )	7,500				Unrestricted general
COLUMBIA CARES INC 1202 S James Campbell Blvd Columbia, TN 38401	62-1513020	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Common Ground Community - Christopher Prince Geor505 Eighth Ave New York, NY 10018	11-3048002	501 ( c ) ( 3 )	20,000				Unrestricted general
Community AIDS Network 895 North Main St Akron, OH 443102123	31-1506671	501 ( c ) ( 3 )	7,500				Unrestricted general
COMMUNITY FOUNDATION OF NEW JERSEYPO Box 338 Morristown, NJ 079630000	22-2281783	501 ( c ) ( 3 )	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Community Health Awareness Group1300 W Fort St Detroit,MI 48226	38-2704374	501 ( c ) ( 3 )	15,000				Unrestricted general
COMMUNITY HOSPICE47 Liberty St Catskill,NY 12414	22-2692940	501 ( c ) ( 3 )	7,500				Unrestricted general
Community Networks IncPO Box 3064 Martinsburg,WV 25402	55-0662121	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY SERVINGS18 Marbury Terrace Jamaica Plain, MA 021300000	22-3154028	501 ( c ) ( 3 )	35,000				Unrestricted general
Comunidad Para Envejecientes Suenos Dorados del AyHC 7 PO Box 98290 Arecibo, PR 061200000	11-1111111		7,500				Unrestricted general
COVENANT HOUSE INC 600 Shrewsbury St Charleston, WV 25301	31-1015583	501 ( c ) ( 3 )	60,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Crossroads Food PantryHoly Cross Church New York, NY 10036	11-1111111	501 ( c ) ( 3 )	15,000				Unrestricted general
CURE ALZHEIMER'S FUND 34 Washington St Wellesley Hills, MA 024810000	52-2396428	501 ( c ) ( 3 )	15,000				Unrestricted general
DAMIEN CENTER26 North Arsenal Ave Indianapolis,IN 46201	35-1711878	501 ( c ) ( 3 )	7,500				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DANCERS OVER 40 INCPO BOX 2103 NEWYORK,NY 10101	13-3977887	501 ( c ) (3)	15,500				Unrestricted general
Delaware HIV Consortium Inc100 West 10th St Wilmington,DE 19801	51-0348892	501 ( c ) (3)	7,500				Unrestricted general
Denver Colorado AIDS Project2490 W 26th Ave Denver,CO 80211	84-0961159	501 ( c ) (3)	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DESERT AIDS PROJECT 1695 North Sunrise Way Palm Springs,CA 92262	33-0068583	501 ( c ) (3)	8,500				Unrestricted general
Doctors Without Borders Medecins Sans Frontieres 333 Seventh Ave New York,NY 100015004	13-3433452	501 ( c ) (3)	10,000				Unrestricted general
DOORWAYS4385 Maryland Ave St Louis,MO 63108	43-1484279	501 ( c ) (3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EAC NETWORK50 Clinton St Hempstead,NY 11550	23-7175609	501 ( c ) ( 3 )	7,500				Unrestricted general
EDUCATIONAL THEATRE ASSOCIATION2343 AUBURN AVE CINCINNATI,OH 45219	31-0743605	501 ( c ) ( 3 )	7,500				Unrestricted general
EMPOWER U INC8309 NW 22nd Ave Miami,FL 33147	65-0899207	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Episcopal Actors' Guild of America Inc1 East 29th St New York, NY 100167405	13-5563397	501 ( c ) ( 3 )	10,000				Unrestricted general
EXPONENTS INC151 West 26th St New York, NY 10001	13-3572677	501 ( c ) ( 3 )	15,000				Unrestricted general
FACT Bucks CountyP O Box 72 New Hope, PA 18938	23-2504602	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY EQUALITY COUNCIL P O Box 206 Boston, MA 021330000	52-1438544	501 ( c ) ( 3 )	10,050				Unrestricted general
Fenway Community Health Center 1340 Boylston St Boston, MA 022154302	04-2510564	501 ( c ) ( 3 )	25,000				Unrestricted general
FOOD & FRIENDS 219 Riggs Road NE Washington, DC 20011	52-1648941	501 ( c ) ( 3 )	38,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FOOD FOR LIFE NETWORK 3510 Biscayne Blvd Miami, FL 33137	59-2815277	501 ( c ) ( 3 )	12,500				Unrestricted general
FOOD FOR THOUGHTPO Box 1608 Forestville, CA 95436	68-0181095	501 ( c ) ( 3 )	45,000				Unrestricted general
Fortune Society29-76 Northern Blvd Long Island City, NY 11101	13-2645436	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRACTURED ATLAS248 West 35th St New York, NY 10001	11-3451703	501 ( c ) ( 3 )	14,575				Unrestricted general
FRANCIS HOUSE INC4703 N Florida Ave Tampa,FL 33603	59-2999484	501 ( c ) ( 3 )	7,500				Unrestricted general
FRANNIE PEABODY CENTER30 Danforth St Portland,ME 041010000	01-0416974	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRATERNITE NOTRE DAME INC2290 First Ave New York, NY 10035	13-3600714	501 ( c ) ( 3 )	10,000				Unrestricted general
FRATERNITY HOUSE INC 20702 Elfin Forest Rd Escondido, CA 92029	33-0306861	501 ( c ) ( 3 )	7,500				Unrestricted general
FRIENDS FOR LIFE CORPORATION43 N Cleveland Memphis, TN 38104	62-1511959	501 ( c ) ( 3 )	10,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRIENDS IN DEED594 Broadway New York, NY 10012	13-3628657	501 ( c ) ( 3 )	20,000				Unrestricted general
FUND FOR THE CITY of NY INCSISTERHOOD MOBOLIZED307 E 116th ST New York, NY 10029	13-2612524	501 ( c ) ( 3 )	7,500				Unrestricted general
Fundacion Latino Americana Contra El Sida Inc6666 Harwin Drive Houston, TX 770362264	76-0430109	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Funders Concerned About AIDS2121 Crystal Drive Arlington, VA 22202	13-3869632	501 ( c ) ( 3 )	35,000				Unrestricted general
GAY MEN'S HEALTH CRISIS446 West 33rd St New York, NY 10001	13-3130146	501 ( c ) ( 3 )	66,000				Unrestricted general
Go Care (Greater Ouachita Providing AIDS Resources 1801 North 7th West Monroe, LA 71291	72-1136639	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
God's Love We Deliver166 Avenue of the Americas New York, NY 10013	13-3366846	501 ( c ) (3)	40,000				Unrestricted general
GOLDEN RAINBOW801 S Rancho Dr Las Vegas, NV 89106	94-3092947	501 ( c ) (3)	25,000				Unrestricted general
GREGORY HOUSE200 N Vineyard Blvd Honolulu, HI 96817	99-0265111	501 ( c ) (3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HARBORPATH PORTAL 3820 Forest Drive Columbia,SC 29204	45-5174402	501 ( c ) ( 3 )	10,000				Unrestricted general
Harlem United Community AIDS Center Inc306 Lenox Ave New York,NY 10027	13-3461695	501 ( c ) ( 3 )	35,000				Unrestricted general
Harm Reduction Coalition Inc 22 West 27th St New York,NY 10001	94-3204958	501 ( c ) ( 3 )	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Health Emergency Lifeline Program1726 Howard St Detroit,MI 48216	38-2719621	501 ( c ) (3)	20,000				Unrestricted general
HEALTH GLOBAL ACCESS429 W 127th St New York,NY 10027	20-5053765	501 ( c ) (3)	15,000				Unrestricted general
Health Outreach Prevention Education Inc3540 East 31st St Tulsa,OK 74135	73-1537952	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HEALTH PEOPLE INC Research Foundation of the C i552 Southern Blvd Bronx, NY 10455	13-1988190	501 ( c ) ( 3 )	10,000				Unrestricted general
Health Services Center Inc PO Box 1347 Anniston, AL 36202	63-0993592	501 ( c ) ( 3 )	7,500				Unrestricted general
Hetrick-Martin Institute Inc2 Astor Place New York, NY 10003	13-2266090	501 ( c ) ( 3 )	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HISPANIC AIDS FORUM 1767 Park Ave New York, NY 10025	13-3422748	501 ( c ) ( 3 )	6,000				Unrestricted general
HIVAIDS RESOURCE CENTER3075 Clark Rd Ypsilanti, MI 48197	38-2669890	501 ( c ) ( 3 )	7,500				Unrestricted general
Holy Apostles Soup Kitchen 296 Ninth Ave New York, NY 10001	13-2892297	501 ( c ) ( 3 )	12,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Hope and Help Center of Central Florida Inc1935 Woodcrest Drive Winter Park,FL 32792	59-2872225	501 ( c ) ( 3 )	10,000				Unrestricted general
Hot Springs AIDS Resource Center1801 Central Ave Hot Springs,AK 71901	71-0778076	501 ( c ) ( 3 )	25,000				Unrestricted general
HOUSE OF MERCY INCPO Box 808 Belmont,NC 28012	56-2153136	501 ( c ) ( 3 )	12,500				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Housing Opportunities for Women (HOW)1607 W Howard St Chicago,IL 60626	36-3263818	501 ( c ) ( 3 )	7,500				Unrestricted general
HOUSING WORKS INC57 Willoughby St Brooklyn,NY 11201	13-3584089	501 ( c ) ( 3 )	20,000				Unrestricted general
HOWARD BROWN HEALTH CENTER4025 N Sheridan Rd Chicago,IL 60613	36-2894128	501 ( c ) ( 3 )	20,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUDSON VALLEY AUTISM SOCIETYAUTISM SOCIETY OF AME7910 WOODMONT AVE BETHSEDA,MD 208143067	52-1020149	501 ( c ) (3)	15,000				Unrestricted general
HUDSON VALLEY COMMUNITY SERVICES40 Saw Mill River Rd Hawthorne, NY 10532	13-3322100	501 ( c ) (3)	7,500				Unrestricted general
Hyacinth AIDS Foundation 317 George St New Brunswick, NJ 089010000	22-2648820	501 ( c ) (3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
IDENTITY HOUSEPO Box 829 New York, NY 10156	13-3002230	501 ( c ) (3)	7,500				Unrestricted general
Incarnation Children's CenterFriends of ICC142 Audubon Ave New York, NY 10032	13-3853340	501 ( c ) (3)	7,500				Unrestricted general
Indiana Recovery AlliancePO Box 394 Bloomington, IN 47402	47-3889160	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Interfaith AIDS Ministry of Greater Danbury39 Rose St Danbury,CT 068100000	06-1314001	501 ( c ) ( 3 )	7,500				Unrestricted general
International AIDS Empowerment800 Montana Ave El Paso,TX 79902	74-2967366	501 ( c ) ( 3 )	10,000				Unrestricted general
International AIDS Vaccine Initiative - IAVI110 Williams St New York,NY 10038	13-3870223	501 ( c ) ( 3 )	50,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
International Gay and Lesbian Human Rights Commiss80 Maiden Lane New York, NY 10038	94-3139952	501 ( c ) ( 3 )	20,000				Unrestricted general
IRIS HOUSE2348 Adam Clayton Powell Jr Blvd New York, NY 10030	13-3699201	501 ( c ) ( 3 )	20,000				Unrestricted general
JERUSALEM HOUSE INC17 Executive Park Dr Atlanta, GA 303182542	58-1829807	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Jewish Family Service of Colorado3201 South Tamarac Dr Denver,CO 80231	84-0402701	501 ( c ) (3)	10,000				Unrestricted general
JOINING HEARTSPO Box 54808 Atlanta,GA 30308	58-2028181	501 ( c ) (3)	30,000				Unrestricted general
JOINT COUNCIL117 S Saint Asaph St Alexandria,VA 22314	91-1171174	501 ( c ) (3)	25,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JOSEPH'S HOUSE1730 Lanier Pl NW Washington,DC 20009	52-1693018	501 ( c ) ( 3 )	20,000				Unrestricted general
JOYCE THEATRE FOUNDATION INC175 EIGHTH AVE NEWYORK,NY 10011	13-3038262	501 ( c ) ( 3 )	8,800				Unrestricted general
KANSAS CITY CARE CLINIC3515 Broadway Kansas City,MO 641112537	43-0967292	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KEVIN MCGEE HIVAIDS DROP IN CENTER United Fellow4857 Northlake Blvd Palm Beach Gardens, FL 33418	20-5695673	501 ( c ) ( 3 )	7,500				Unrestricted general
Kids Fighting AIDS Inc317 W 8th St Columbia, TN 38401	62-1730135	501 ( c ) ( 3 )	7,500				Unrestricted general
KITCHEN ANGELS1222 Siler Rd Santa Fe, NM 87507	85-0423492	501 ( c ) ( 3 )	15,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LALELA PROJECT5 Hanover Square New York,NY 10004	27-0341475	501 ( c ) ( 3 )	10,000				Unrestricted general
Legacy Community Health Services Inc3311 Richmond Ave Houston,TX 77098	76-0009637	501 ( c ) ( 3 )	25,000				Unrestricted general
Legacy Counseling Center 4054 McKinney Ave Dallas,TX 75204	75-2296536	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Legal Action Center225 Varick St New York, NY 10014	13-2756320	501 ( c ) ( 3 )	15,000				Unrestricted general
Lesbian Gay Bisexual & Transgender Community Cen 208 West 13th St New York, NY 10011	13-3217802	501 ( c ) ( 3 )	162,375				Unrestricted general
Liberty Community Services Inc254 College St New Haven, CT 065100000	22-2849124	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIFE FOUNDATION677 Ala Moana Blvd Honolulu,HI 96813	99-0230542	501 ( c ) ( 3 )	7,500				Unrestricted general
LIFECARE ALLIANCE1699 West Mound St Columbus,OH 43223	31-4379494	501 ( c ) ( 3 )	20,000				Unrestricted general
LIFELONG AIDS ALLIANCE1002 East Seneca St Seattle,WA 98122	91-1215715	501 ( c ) ( 3 )	35,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Local 802 Senior Musicians Association322 WEST 48th ST New York, NY 10036	13-6226520	501 ( c ) ( 3 )	25,000				Unrestricted general
Long Island Association for AIDS Care Inc60 ADAMS AVE HAUPPAUGE, NY 11788	11-2809739	501 ( c ) ( 3 )	7,500				Unrestricted general
LORD'S PANTRY177 Davis Ave White Plains, NY 10605	13-3615598	501 ( c ) ( 3 )	12,500				Unrestricted general

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Los Angeles LGBT Community Services Center 1625 North Schrader Blvd Los Angeles, CA 90028	95-3567895	501 ( c ) ( 3 )	15,000				Unrestricted general
LOVING FOOD RESOURCES 123 Kenilworth Rd Asheville, NC 28803	56-1823591	501 ( c ) ( 3 )	20,000				Unrestricted general
MAITRI401 Duboce Ave San Francisco, CA 94117	94-3189198	501 ( c ) ( 3 )	12,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MALE SURVIVOR96 Anden St New York, NY 10040	41-1831829	501 ( c ) ( 3 )	10,000				Unrestricted general
MAMA'S KITCHEN INC 3960 Home Ave San Diego, CA 92105	33-0434246	501 ( c ) ( 3 )	35,000				Unrestricted general
MARIN AIDS PROJECT910 Irwin St San Rafael, CA 94901	68-0072470	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MATTHEW 25 AIDS SERVICES452 Old Corydon Rd Henderson, KY 42420	61-1351672	501 ( c ) ( 3 )	7,500				Unrestricted general
MAZZONI CENTER21 South 12th St Philadelphia, PA 19107	23-2176338	501 ( c ) ( 3 )	20,000				Unrestricted general
Medicare Rights Center - Actors Fund520 Eighth Ave New York, NY 10018	13-3505372	501 ( c ) ( 3 )	46,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Mercy House Living Centers PO Box 1905 Santa Ana, CA 92702	33-0315864	501 ( c ) ( 3 )	12,500				Unrestricted general
Merrymeeting AIDS Support Services PO Box 57 Brunswick, ME 040110000	01-0427425	501 ( c ) ( 3 )	7,500				Unrestricted general
Metropolitan AIDS Neighborhood Nutrition Alliance 2323 Ranstead St Philadelphia, PA 19103	23-2586142	501 ( c ) ( 3 )	40,000				Unrestricted general



**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Metropolitan Interdenominational Church First RespPO Box 280779 Nashville, TN 372290779	62-1100022	501 ( c ) (3)	10,000				Unrestricted general
MidlandOdesa Area AIDS Support800 West Texas Midland, TX 79701	75-2470417	501 ( c ) (3)	7,500				Unrestricted general
MINNESOTA AIDS PROJECT 1400 Park Avenue South Minneapolis, MN 55404	41-1524746	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MINNKOTA HEALTH PROJECT810 4th Avenue South Moorhead, MN 56560	36-3610758	501 ( c ) ( 3 )	15,000				Unrestricted general
Montgomery AIDS Outreach2900 McGehee Rd Montgomery, AL 36111	63-0959623	501 ( c ) ( 3 )	7,500				Unrestricted general
Morgantown Health RightsMilan Puskar Health Right341 Spruce St Morgantown, WV 26505	31-1118673	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MOVEABLE FEAST INC901 North Milton Ave Baltimore,MD 21205	52-1663825	501 ( c ) ( 3 )	35,000				Unrestricted general
MY BROTHER'S KEEPER INC710 Avignon Dr Ridgeland,MS 39157	64-0937314	501 ( c ) ( 3 )	20,000				Unrestricted general
N STREET VILLAGE1333 N Street NW Washington,DC 200053601	52-2069681	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NASHVILLE CARES633 Thompson Lane Nashville,TN 37204	62-1274532	501 ( c ) (3)	10,000				Unrestricted general
National Black Gay Men's Advocacy Coalitionunknown Washington,DC 20010	58-1986941	501 ( c ) (3)	50,000				Unrestricted general
National Minority AIDS Council1931 13th St Washington,DC 20009	52-1578289	501 ( c ) (3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
National MS Society - NYC Southern NY Chapter733 Third Ave New York, NY 10017	13-5661935	501 ( c ) ( 3 )	7,000				Unrestricted general
Natividad Medical Foundation PO Box 4427 Salinas, CA 93912	77-0194989	501 ( c ) ( 3 )	7,500				Unrestricted general
Nebraska AIDS Project Inc 250 S 77th St Omaha,NE 68114	47-0786622	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
New Alternatives for LGBT Homeless YouthThe Middl50 East 7th St New York, NY 10003	31-1689641	501 (c) (3)	7,500				Unrestricted general
NEW ORLEANS MUSICIANS CLINIC (NOMC)1525 Louisiana Ave New Orleans, LA 70115	20-8139539	501 (c) (3)	25,000				Unrestricted general
New York City Gay and Lesbian Anti-Violence Projec24 W 25th St New York, NY 10010	13-3149200	501 (c) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW YORK LIVE ARTS INC 219 WEST 19TH ST New York, NY 10011	13-6206608	501 ( c ) ( 3 )	9,000				Unrestricted general
NOAIDS Task Force2601 Tulane Ave New Orleans,LA 70119	72-1059635	501 ( c ) ( 3 )	35,000				Unrestricted general
NORTH CAROLINA HARM REDUCTION COALITION PO Box 13761 Durham,NC 27709	20-3452075	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTH IDAHO AIDS COALITION2201 Government Way Coeur DAlene, ID 83814	82-0509161	501 ( c ) ( 3 )	10,000				Unrestricted general
North Jersey AIDS ALLIANCE393 Central Ave Newark, NJ 071030000	52-1592616	501 ( c ) ( 3 )	10,000				Unrestricted general
NORTHEAST FLORIDA AIDS NETWORK2715 Oak St Jacksonville, FL 32205	59-2974694	501 ( c ) ( 3 )	7,500				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NORTHSIDE REDEVELOPMENT CORPORATIONPO Box 232 West Memphis, AR 72303	71-0698309	501 ( c ) ( 3 )	7,500				Unrestricted general
Northwest PA Rural AIDS Alliance15898 Route 322 Clarion, PA 16214	23-2250505	501 ( c ) ( 3 )	7,500				Unrestricted general
Ny Medical CollegePediatric HIVAIDS Prgm Metro1901 First Ave New York, NY 10029	13-1099420	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NY PRESBYTERIAN HOSPTWOMEN & CHILDREN CARE CTR622 West 168th St New York, NY 10032	13-3957095	501 ( c ) ( 3 )	10,000				Unrestricted general
One Heartland Camp Heartland2101 Hennepin Ave South Minneapolis, MN 55405	39-1763115	501 ( c ) ( 3 )	7,500				Unrestricted general
Open Aid Alliance500 North Higgins Missoula, MT 59802	36-3652244	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Open Arms of Minnesota 2500 Bloomington Ave Minneapolis, MN 55404	41-1681317	501 (c)(3)	35,000				Unrestricted general
OPEN DOOR CLINIC164 Division St Elgin, IL 60120	36-2899274	501 (c)(3)	7,500				Unrestricted general
Other Options Inc3636 Northwest 51st Oklahoma City, OK 73112	73-1341319	501 (c)(3)	12,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
OUR HOUSE OF PORTLAND 2727 SE Alder St Portland,OR 97214	93-0986632	501 ( c ) ( 3 )	7,500				Unrestricted general
PACIFIC PRIDE FOUNDATION 126 East Haley St Santa Barbara,CA 93101	95-3133613	501 ( c ) ( 3 )	7,500				Unrestricted general
PALMETTO AIDS LIFE SUPPORT SERVICES OF SC P O Box 4473 Columbia,SC 29204	57-0841427	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PARTNERSHIP FOR THE HOMELESS305 7th Ave New York, NY 10001	13-3132746	501 ( c ) ( 3 )	7,500				Unrestricted general
Patoka Valley HIV Community Action GroupPO Box 411 Jasper, IN 47547	35-0895838	501 ( c ) ( 3 )	10,000				Unrestricted general
People's Harm Reduction AlliancePO Box 85038 Seattle, WA 98145	35-2307112	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Peter & Paul Community Services Inc1025 Park Ave St Louis,MO 631043720	43-1349643	501 ( c ) (3)	7,500				Unrestricted general
Peter Cicchino Youth ProjectUrban Justice Center 123 William st New York,NY 10038	13-3442022	501 ( c ) (3)	5,550				Unrestricted general
PETS ARE WONDERFUL SUPPORT3170 23rd St San Francisco,CA 94110	94-3049133	501 ( c ) (3)	17,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Philadelphia Center - Natchitoches Satellite224 South Dr Natchitoches, LA 711042437	72-1204252	501 ( c ) ( 3 )	25,000				Unrestricted general
PHYSICIAN VOLUNTEER FOR THE ARTS200 CENTRAL PARK SOUTH NEWYORK,NY 10019	95-4590018	501 ( c ) ( 3 )	65,000				Unrestricted general
PIERCE COUNTY AIDS FOUNDATION3520 South Pine St Tacoma,WA 98409	91-1385245	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PITTSBURGH AIDS TASK FORCE5913 Penn Ave Pittsburgh, PA 15206	25-1537128	501 ( c ) ( 3 )	17,500				Unrestricted general
PLASA FOUNDATION630 Ninth Ave New York, NY 10036	38-3715781	501 ( c ) ( 3 )	25,000				Unrestricted general
POPPER CHILDREN SCHOLARSHIP FUND35 Oxford Rd Manalapan, NJ 077260000	11-1111111		13,720				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PREVENTION POINT PHILADELPHIA166 W Lehigh Ave Philadelphia, PA 19133	23-2663699	501 ( c ) ( 3 )	12,500				Unrestricted general
PREVENTION POINT PITTSBURGH907 West St Pittsburgh, PA 15221	25-1852314	501 ( c ) ( 3 )	12,500				Unrestricted general
PROJECT ANGEL FOOD922 Vine St Los Angeles, CA 900382702	95-4115863	501 ( c ) ( 3 )	35,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROJECT ANGEL HEART 4950 Washington St Denver, CO 80216	84-1199481	501 (c)(3)	35,000				Unrestricted general
Project Chicken Soup 3975 Landmark St Culver City, CA 90232	95-4232540	501 (c)(3)	10,000				Unrestricted general
PROJECT HOSPITALITY INC 100 Park Ave Staten Island, NY 10302	13-3234441	501 (c)(3)	30,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROJECT INFORM INC273 Ninth St San Francisco, CA 94103	94-3052723	501 ( c ) ( 3 )	15,000				Unrestricted general
PROJECT OPEN HANDATLANTA181 Armour Drive Atlanta, GA 30324	58-1816778	501 ( c ) ( 3 )	70,000				Unrestricted general
PROJECT RENEWAL INC200 Varick St New York, NY 10014	13-2602882	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Project Response AIDS Center - North745 South Apollo Blvd Melbourne,FL 32901	59-3036563	501 ( c ) (3)	10,000				Unrestricted general
PROJECT TRANSITIONS INCPO Box 4826 Austin,TX 78765	74-2502171	501 ( c ) (3)	7,500				Unrestricted general
PROVINCETOWN AIDS SUPPORT GROUPO BOX 1522 PROVINCETOWN,MA 026570000	04-2908722	501 ( c ) (3)	14,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
QUALITY SERVICES FOR THE AUTISM COMMUNITY (QSAC)253 W 35th St New York, NY 10001	11-2482974	501 ( c ) ( 3 )	40,000				Unrestricted general
Rainbow Heights Club25 Flatbush Ave Brooklyn, NY 11217	11-2785605	501 ( c ) ( 3 )	10,000				Unrestricted general
REBECCA DAVIS DANCE COMPANY3171 35th St Astoria, NY 11106	20-2041093	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
REGIONAL AIDS INTERFAITH NETWORK OF OKLAHOMA5001 N PENNSYLVANIA OKLAHOMA CITY,OK 73112	73-1375796	501 ( c ) (3)	22,500				Unrestricted general
RESOURCE CENTER OF DALLAS INC2701 Reagan St Dallas,TX 75219	75-1892059	501 ( c ) (3)	10,000				Unrestricted general
RIVER FUND NEWYORK INC 89-11 Lefferts Blvd Richmond Hill,NY 11418	11-3450363	501 ( c ) (3)	25,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
River Fund The11155 Roseland Rd Sebastian,FL 32958	59-3212877	501 ( c ) ( 3 )	20,000				Unrestricted general
Roman Catholic Archbishop of San Francisco100 Diamond St San Francisco, CA 941142414	94-1156774	501 ( c ) ( 3 )	7,500				Unrestricted general
ROSIE'S PLACE889 Harrison Ave Boston,MA 021180000	04-2582187	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAFE HORIZONSTREETWORK2 Lafayette St New York, NY 10007	13-2946970	501 ( c ) ( 3 )	7,500				Unrestricted general
SAGE (Services and Advocacy for GLBT Elders) 305 Seventh Ave New York, NY 10001	13-2947657	501 ( c ) ( 3 )	26,000				Unrestricted general
SAN ANTONIO AIDS FOUNDATION818 East Grayson St San Antonio, TX 78208	74-2427853	501 ( c ) ( 3 )	15,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
San Francisco AIDS Foundation1035 Market St San Francisco,CA 94103	94-2927405	501 ( c ) (3)	85,000				Unrestricted general
San Luis Obispo County AIDS Support NetworkPO Box 12158 San Luis Obispo,CA 93406	77-0205717	501 ( c ) (3)	20,000				Unrestricted general
SELMA AIRPO Box 396 Selma,AL 36701	63-1133272	501 ( c ) (3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SERIOUSFUN CHILDREN'S NETWORK122 E 42nd St New York, NY 10168	31-1794455	501 ( c ) (3)	25,000				Unrestricted general
SHANNON'S SHARE FOUNDATIONPO Box 40244 Glen Oaks, NY 11004	27-5553326	501 ( c ) (3)	11,000				Unrestricted general
SHANTI730 Polk St San Francisco, CA 94109	94-2297147	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHELTER RESOURCESBELLE REVE NEW ORLEANS3029 Royal St New Orleans,LA 70117	58-2022068	501 ( c ) ( 3 )	7,500				Unrestricted general
Shepherd Wellness Community4800 Sciota St Pittsburgh,PA 152242127	25-1781394	501 ( c ) ( 3 )	17,500				Unrestricted general
SILICON VALLEY COMMUNITY FOUNDATION 2440 West El Camino Real Mountain View, CA 94040	20-5205488	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SING FOR YOUR SENIORS INC1834 2nd Ave New York,NY 10128	20-8052382	501 ( c ) (3)	15,000				Unrestricted general
SOUTH CENTRAL EDUCATIONAL DEVELOPMENTPO Box 4322 Bluefield,WV 24701	55-0756137	501 ( c ) (3)	10,000				Unrestricted general
SOUTH JERSEY AIDS ALLIANCE19 Gordons Alley Atlantic City,NJ 084010000	22-2686586	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOUTH MISSISSIPPI AIDS TASK FORCE2756 Fernwood Rd Biloxi,MS 39531	64-0789159	501 ( c ) ( 3 )	10,000				Unrestricted general
SOUTHERN ARIZONA AIDS FOUNDATION375 South Euclid Ave Tucson,AZ 857196644	86-0864100	501 ( c ) ( 3 )	12,500				Unrestricted general
SOUTHERN NEW HAMPSHIRE HIVAIDS TASK FORCE12 Amherst St Nashua,NH 030640000	02-0447280	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOUTHWEST CENTER FOR HIV AIDS1101 N Central Ave Phoenix,AZ 85004	86-0695862	501 ( c ) (3)	10,000				Unrestricted general
Southwest Louisiana AIDS Council1715 Common St Lake Charles,LA 70601	72-1115522	501 ( c ) (3)	12,500				Unrestricted general
Special Delivery San Diego 4021 Goldfinch St San Diego,CA 92103	33-0475238	501 ( c ) (3)	25,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Special Health Resources for Texas2020 Bill Owens Prkway Longview, TX 75604	75-2405203	501 ( c ) ( 3 )	10,000				Unrestricted general
SPOKANE AIDS NETWORK 905 South Monroe Spokane, WA 99204	91-1380583	501 ( c ) ( 3 )	12,500				Unrestricted general
St Clement's Food Pantry 423 West 46th St New York, NY 10036	11-1111111	501 ( c ) ( 3 )	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STREET WORKS520 Sylvan St Nashville, TN 37206	62-1806967	501 ( c ) ( 3 )	7,500				Unrestricted general
Streetwise and Safe147 W 24th St New York, NY 10011	45-2866644	501 ( c ) ( 3 )	7,500				Unrestricted general
SUNBURST PROJECTS1025 19th St Sacramento, CA 95811	68-0239282	501 ( c ) ( 3 )	7,500				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SUNRISE HIVAIDS COALITION3846 E Ave Palmdale,CA 935509235	95-4553092	501 ( c ) (3)	7,500				Unrestricted general
THE ACTORS' FUND OF AMERICA729 SEVENTH AV NEWYORK,NY 10019	13-1635251	501 ( c ) (3)	5,175,500				Unrestricted general
THE AIDS TASK FORCE of the UPPER OHIO VALLEY PO BOX 6360 WHEELING,WV 260030805	55-0679690	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ALLIANCE FOR POSITIVE HEALTH927 Broadway Albany, NY 12207	22-2684595	501 ( c ) ( 3 )	12,500				Unrestricted general
The Angel Band Project6267 Delmar St Louis, MO 63130	80-0707717	501 ( c ) ( 3 )	10,000				Unrestricted general
THE BROADWAY LEAGUE FOUNDATION INC729 Seventh Ave New York, NY 10019	13-3740065	501 ( c ) ( 3 )	14,720				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE FIELD75 MAIDEN LANE New York, NY 10038	13-3357408	501 ( c ) ( 3 )	8,700				Unrestricted general
THE FOUNDATION FOR A NAT'L AIDS MONUMENT 1555 Vine St Los Angeles, CA 90028	46-2791464	501 ( c ) ( 3 )	50,000				Unrestricted general
THE PULMONARY FIBROSIS FOUNDATION811 WEST EVERGREEN AVE CHICAGO, IL 60642	84-1558631	501 ( c ) ( 3 )	6,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ROYAL SHAKESPEARE CO AMERICAN INC258 W 48th St New York, NY 10019	52-1978194	501 ( c ) ( 3 )	10,000				Unrestricted general
THE SERO PROJECTPO Box 1233 Milford, PA 18337	39-1902814	501 ( c ) ( 3 )	47,500				Unrestricted general
THE TREVOR PROJECT 9056 SANTA MONICA BLVD WEST HOLLYWOOD, CA 90069	95-4681287	501 ( c ) ( 3 )	17,250				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
theatreWashington1825 Connecticut NW Washington,DC 20009	52-1317562	501 ( c ) (3)	8,100				Unrestricted general
Tides CenterHomeless Youth AlliancePO Box 170427 San Francisco,CA 94117	94-3213100	501 ( c ) (3)	10,000				Unrestricted general
TOLENTINE ZEISER COM 2345 UNIVERSITY Ave Bronx,NY 10468	13-3131888	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOPEKA AIDS PROJECT 1001 SW Garfield Topeka,KS 66604	48-1032982	501 ( c ) (3)	7,500				Unrestricted general
TOUCH OF ROCKLAND COUNTY INC209 ROUTE 9W CONGERS,NY 10920	13-3602455	501 ( c ) (3)	10,000				Unrestricted general
Transformation Retreats Inc 800 S Cathedral St Richmond,VA 23220	54-1914651	501 ( c ) (3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Treatment Action Group (TAG)261 Fifth Ave New York, NY 10016	13-3624785	501 ( c ) ( 3 )	32,500				Unrestricted general
TRIAD HEALTH PROJECT 801 Summit Ave Greensboro, NC 27405	58-1705502	501 ( c ) ( 3 )	10,000				Unrestricted general
TRI-STATE ALLIANCE INC PO Box 2901 Evansville, IN 47728	35-1636272	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Troy Area United Ministries Inc392 Second St Troy, NY 12180	14-1635408	501 ( c ) ( 3 )	12,500				Unrestricted general
TRUE COLORS FUND330 West 38th St New York, NY 10018	45-2489069	501 ( c ) ( 3 )	50,000				Unrestricted general
TRUTH WINS OUTPO Box 96 Burlington, VT 054020000	20-5125079	501 ( c ) ( 3 )	15,000				Unrestricted general



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Tulsa CARES3507 East Admiral Place Tulsa, OK 74115	73-1388569	501 (c)(3)	7,500				Unrestricted general
TWIN STATES NETWORK79 Ashworth Rd Guilford, VT 053010000	04-3373364	501 (c)(3)	7,500				Unrestricted general
UBUNTU EDUCATION FUND32 Broadway New York, NY 10004	31-1705917	501 (c)(3)	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
US HELPING US3636 Georgia Ave Washington, DC 20010	52-1628279	501 (c)(3)	25,000				Unrestricted general
VALLEY COMMUNITY HEALTHCARE6801 Coldwater Canyon Ave North Hollywood, CA 91605	23-7050082	501 (c)(3)	7,500				Unrestricted general
Vermont Committee for AIDS Resources EducationPO Box 5248 Burlington, VT 054020000	03-0307864	501 (c)(3)	7,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Vital Bridges5543 N Broadway Ave Chicago, IL 60640	36-3621161	501 ( c ) ( 3 )	10,000				Unrestricted general
Wepay350 Convention Way Redwood City, CA 94063	11-1111111		17,039				Unrestricted general
West Alabama AIDS Outreach Inc2720 6th St Tuscaloosa, AL 35401	63-0995963	501 ( c ) ( 3 )	10,000				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
West House Personal Care Home616 West Edwin St Willimasport,PA 17701	23-2522649	501 ( c ) ( 3 )	16,000				Unrestricted general
Western North Carolina AIDS ProjectPO Box 2411 Asheville,NC 28802	58-1772685	501 ( c ) ( 3 )	10,000				Unrestricted general
WHITMAN-WALKER CLINIC 1701 14th Street NW Washington,DC 20009	52-1122122	501 ( c ) ( 3 )	20,500				Unrestricted general

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Women's Prison Association 110 Second Ave New York, NY 10003	13-5596836	501 ( c ) ( 3 )	13,029				Unrestricted general
WOUNDED WARRIOR PROJ 370 7TH AVE New York, NY 10001	20-2370934	501 ( c ) ( 3 )	20,000				Unrestricted general
YOU GOTTA BELIEVE3114 Mermaid Ave Brooklyn, NY 11224	11-3272603	501 ( c ) ( 3 )	10,000				Unrestricted general

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" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BROADWAY CARESEQUITY FIGHTS AIDS INC

Employer identification number  
13-3458820

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TOM VIOLA, EXECUTIVE DIRECTOR	(i)	193,810	0	0	0	9,576	203,386	0
	(ii)	0	0	0	0	0	0	0
2 LAWRENCE COOK, DIRECTOR OF FINANCE/ADMIN	(i)	166,581	0	0	0	9,576	176,157	0
	(ii)	0	0	0	0	0	0	0
3 DANIEL WHITMAN, DIR COMMUNICATIONS/DEVELOPMENT	(i)	133,315	0	0	0	17,573	150,888	0
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
------------------	-------------



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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
BROADWAY CARESEQUITY 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	8	59,607	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AIRLINE TICKETS )	X	84	150,000	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

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

Cat No 51227J

Schedule M (Form 990) (2014)

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.

Return Reference	Explanation
Part I, Questions 32a	The Organization uses an auctioneer to help sell donated auction items for experiences and autographed memorabilia, for which there is no readily determinable fair market value. The contributions are reflected within the tax return at the values for which they were sold during the auction process, which provided the best approximation of fair value.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
BROADWAY CARESEQUITY FIGHTS AIDS INC

**Employer identification number**

13-3458820

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART VI, SECTION A, LINE 2	
PART VI, SECTION B, LINE 11A	The draft 990 is scanned and emailed to the entire Board with a 10 day comment period before filing Questions and comments from any Trustee are addressed prior to the submission of the form 990 to the IRS
PART VI, SECTION B, LINE 12b, 12C	Conflict of Interest Policy The Conflict of Interest Policy includes a form and process for key employees and trustees to state their conflicts The Board of Trustees and key employees provide conflict-of-interest reports on an annual basis
PART VI, SECTION B, LINE 15A AND 15B	Determination of Compensation The Executive Director sets compensation for all employees except for himself and the Director of Finance and Administration Compensation is based on comparable data obtained from peer organizations The Executive Director and Director of Finance and Administration's compensation is determined by the Board of Trustees' executive committee
PART VI, SECTION C, LINE 19	Public Availability of Governing Documents BCEFA makes its 990 and financial statements available on its website and upon request The Governing documents and conflict of interest policy are distributed internally and are not made available to the public
FORM 990, PART XI, LINE 9	Pension-related changes other than periodic costs \$108,965