

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 2011

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **BROADWAY CARES/EQUITY FIGHTS AIDS, INC.**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **165 WEST 46TH STREET**
 Room/suite: **1300**
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10036**

D Employer identification number: **13-3458820**

E Telephone number: **(212) 840-0770**

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

G Gross receipts \$: **16,735,189.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.BCEFA.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MOBILIZE THE ENTERTAINMENT INDUSTRY TO RAISE FUNDS FOR GRANTS FOR AIDS SERVICE ORGANIZATIONS AND FOR 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)	3	55.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	54.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	48.
	6 Total number of volunteers (estimate if necessary)	6	200.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	188,220.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,538,396.	16,008,516.
	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)	19.	523.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,471.	189,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,807,886.	16,198,180.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,984,988.	9,320,200.
	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)	3,431,356.	4,022,464.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	53,832.	81,631.
	b Total fundraising expenses (Part IX, column (D), line 25) 2,006,615.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,140,210.	3,140,627.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,610,386.	16,564,922.
19 Revenue less expenses. Subtract line 18 from line 12	-802,500.	-366,742.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,499,868.	1,821,846.
	22 Net assets or fund balances. Subtract line 21 from line 20.	797,125.	1,486,071.
		702,743.	335,775.

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: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: **JUL 13 2012** Check if self-employed: PTIN: **P00736879**

Firm's name: **EISNERAMPER LLP** EIN: **13-1639826**

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning 10/01, 2010, and ending 09/30, 2011. For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B. See instructions on back.

2010

Department of the Treasury Internal Revenue Service

Name of exempt organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (Form type check, Amount). Row 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 16198180.

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here [Signature] Signature of officer | 07/12/2012 Date | EXECUTIVE DIRECTOR Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4103, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Form fields for ERO's Use Only: ERO's signature (Daniel P. ...), Date (7/12/10), Check if also paid preparer (X), Check if self-employed, ERO's SSN or PTIN (P00736879), Firm's name (EISNERAMPER LLP), Firm's address (750 THIRD AVENUE, NEW YORK, NY 10017-2703), EIN (13-1639826), Phone no. (212-949-8700).

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form fields for Paid Preparer's Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, Firm's name, Firm's address, Firm's EIN, Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
TO MOBILIZE THE ENTERTAINMENT INDUSTRY TO RAISE FUNDS FOR GRANTS FOR AIDS SERVICES ORGANIZATIONS AND FOR OTHER HEALTH ISSUES, DISASTER RELIEF, ETC. AS DIRECTED BY THE BOARD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,320,200. including grants of \$ 9,320,200.) (Revenue \$)
DIRECT GRANTS TO AIDS SERVICE ORGANIZATIONS TO PROVIDE DIRECT SERVICES, FOOD SERVICES, EMERGENCY ASSISTANCE AND HARM REDUCTION TO PERSONS LIVING WITH HIV/AIDS AND TO PROMOTE PREVENTION PROGRAMS AND RESEARCH. GRANTS IN SUPPORT OF RELATED WOMEN'S HEALTH PROGRAMS AND FOR HEALTH CLINIC FACILITIES FOR THE UNINSURED IN THE ENTERTAINMENT INDUSTRY. GRANTS ARE MADE TO OVER 500 ORGANIZATIONS NATIONWIDE.

4b (Code:) (Expenses \$ 3,891,061. including grants of \$) (Revenue \$)
OUTREACH PROGRAMS TO PROVIDE INFORMATION, INCREASE AWARENESS, AND PROMOTE PUBLIC SUPPORT FOR MEN, WOMEN AND FAMILIES LIVING WITH AND/OR AFFECTED BY HIV/AIDS. THESE PROGRAMS ARE NATIONWIDE AND PROMOTE RED RIBBON RETAIL ITEMS, THEATRE COMMUNITY OUTREACH ACTIVITIES, SCHOOL AND COLLEGE THEATRE PROGRAM OUTREACH, AND DANCE STUDIO AND CONVENTION PROGRAM OUTREACH. THESE PROGRAMS REACH THOUSANDS OF YOUNG ADULTS.

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

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,211,261.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or <input checked="" type="checkbox"/> 13-3458820
	Number, street, and room or suite no. If a P.O. box, see instructions. 165 WEST 46TH STREET, SUITE 1300	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **MR LARRY COOK**
Telephone No. **212 840-0770** FAX No. **212 840-0551**

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 2012
5 For calendar year _____, or other tax year beginning 10/01/2010 and ending 09/30, 2011
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
7 State in detail why you need the extension INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Julius D. Floc* Title CPA Date 5/7/12
Form 8868 (Rev. 1-2012)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization BROADWAY CARES/EQUITY FIGHTS AIDS, INC.	Employer identification number 13-3458820
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 165 WEST 46TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10036	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

• The books are in the care of ▶ MR LARRY COOK
 Telephone No. ▶ 212 840-0770 FAX No. ▶ 212 840-0551

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20____ or
 ▶ tax year beginning 10/01, 2010, and ending 09/30, 2011.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a small grid. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 4 columns: Question, Yes, No, and a small grid. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MR LARRY COOK 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 to any question in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CORNELIUS BAKER TRUSTEE	2.00	X					0.	0.	0.	
(2) JOHN BARNES TRUSTEE	2.00	X					0.	0.	0.	
(3) SCOTT BARNES TRUSTEE	2.00	X					0.	0.	0.	
(4) JOSEPH BENINCASA TRUSTEE	2.00	X					0.	0.	0.	
(5) PHILIP BIRSH TREASURER	2.00	X		X			0.	0.	0.	
(6) CHRIS BONEAU TRUSTEE	2.00	X					0.	0.	0.	
(7) BOB BOYETT TRUSTEE	2.00	X					0.	0.	0.	
(8) BARRY BROWN TRUSTEE	2.00	X					0.	0.	0.	
(9) KATE BURTON TRUSTEE	2.00	X					0.	0.	0.	
(10) ROBERT CALLELY TRUSTEE	2.00	X					0.	0.	0.	
(11) KATHLEEN CHALFANT TRUSTEE	2.00	X					0.	0.	0.	
(12) SHERRY COHEN FOURTH VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(13) ALAN CUMMING TRUSTEE	2.00	X					0.	0.	0.	
(14) GAVIN DARRAUGH TRUSTEE	2.00	X					0.	0.	0.	
(15) MICHAEL DAVID TRUSTEE	2.00	X					0.	0.	0.	
(16) B MERLE DEBUSKEY TRUSTEE	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MARIA DI DIA TRUSTEES	2.00	X					0.	0.	0.	
(18) PAUL DIDONATO TRUSTEE	2.00	X					0.	0.	0.	
(19) SAM ELLIS TRUSTEE	2.00	X					0.	0.	0.	
(20) RICHARD FRANKEL THIRD VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(21) ROY HARRIS TRUSTEE	2.00	X					0.	0.	0.	
(22) RICHARD HESTER TRUSTEE	2.00	X					0.	0.	0.	
(23) CRAIG JACOBS TRUSTEE	2.00	X					0.	0.	0.	
(24) RICHARD JAY-ALEXANDER TRUSTEE	2.00	X					0.	0.	0.	
(25) CHERRY JONES TRUSTEE	2.00	X					0.	0.	0.	
(26) NATHAN LANE TRUSTEE	2.00	X					0.	0.	0.	
(27) NINA LANNAN TRUSTEE	2.00	X					0.	0.	0.	
(28) JAY LAUDATO TRUSTEE	2.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2							571,204.	0.	37,204.	
d Total (add lines 1b and 1c)							571,204.	0.	37,204.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c 1,882,323.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 14,126,193.			
	g Noncash contributions included in lines 1a-1f: \$	204,800.			
	h Total. Add lines 1a-1f		16,008,516.		
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)		523.		523.
	4 Income from investment of tax-exempt bond proceeds		0.		
	5 Royalties		0.		
		(i) Real (ii) Personal			
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)		0.		
		(i) Securities (ii) Other			
	7a Gross amount from sales of assets other than inventory	11,226.			
	b Less: cost or other basis and sales expenses	11,226.			
	c Gain or (loss)				
	d Net gain or (loss)		0.		
	8a Gross income from fundraising events (not including \$ 1,882,323. of contributions reported on line 1c). See Part IV, line 18	a 242,757.			
	b Less: direct expenses	b 242,757.			
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 471,246.				
b Less: cost of goods sold	b 283,026.				
c Net income or (loss) from sales of inventory		188,220.		188,220.	
Miscellaneous Revenue	Business Code				
11a OTHER INCOME		921.		921.	
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		921.			
12 Total revenue. See instructions		16,198,180.		188,220.	1,444.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	8,819,824.	8,819,824.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,500.	7,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	492,876.	492,876.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	335,500.	230,027.	105,473.	
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	2,348,491.	1,502,830.	378,959.	466,702.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	745,664.	484,682.	134,220.	126,762.
9 Other employee benefits	377,157.	243,503.	68,073.	65,581.
10 Payroll taxes	215,652.	139,231.	38,923.	37,498.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	2,382.	2,300.		82.
c Accounting	34,000.		34,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	81,631.			81,631.
f Investment management fees	0.			
g Other	176,840.	87,039.	33,099.	56,702.
12 Advertising and promotion	452,384.	89,323.	63,987.	299,074.
13 Office expenses	183,239.	63,170.	79,130.	40,939.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	558,355.	392,830.	68,436.	97,089.
17 Travel	90,662.	26,840.	14,348.	49,474.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	23,664.	4,800.	13,560.	5,304.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	36,822.		36,822.	
23 Insurance	38,083.	24,587.	6,874.	6,622.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SECURITY	50,706.	885.	11,871.	37,950.
b DUES AND SUBSCRIPTIONS	12,755.	7,844.	3,068.	1,843.
c PURCHASE OF THEATER TICKETS	7,432.	607.	6,825.	
d PRODUCTION COSTS	892,587.	424,876.		467,711.
e CREDIT CARD COMMISSIONS	164,275.	396.	163,869.	10.
f All other expenses	416,441.	165,291.	85,509.	165,641.
25 Total functional expenses. Add lines 1 through 24f	16,564,922.	13,211,261.	1,347,046.	2,006,615.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	373,771.	1	709,765.
	2	Savings and temporary cash investments	604,216.	2	255,207.
	3	Pledges and grants receivable, net		3	316,292.
	4	Accounts receivable, net	38,958.	4	42,445.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	242,605.	8	266,855.
	9	Prepaid expenses and deferred charges	83,277.	9	58,938.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 268,738.		
	b	Less: accumulated depreciation	10b 177,058.	88,955.	10c 91,680.
	11	Investments - publicly traded securities	2,025.	11	1,799.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	66,061.	15	78,865.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,499,868.	16	1,821,846.	
Liabilities	17	Accounts payable and accrued expenses	206,608.	17	127,790.
	18	Grants payable	220,000.	18	600,000.
	19	Deferred revenue	15,400.	19	7,500.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	355,117.	25	750,781.
	26	Total liabilities. Add lines 17 through 25	797,125.	26	1,486,071.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	597,026.	27	52,473.
	28	Temporarily restricted net assets	105,717.	28	283,302.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	702,743.	33	335,775.	
34	Total liabilities and net assets/fund balances	1,499,868.	34	1,821,846.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,198,180.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,564,922.
3	Revenue less expenses. Subtract line 2 from line 1	3	-366,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	702,743.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-226.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	335,775.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,389,135.	15,452,196.	13,665,210.	15,538,396.	16,008,516.	74,053,453.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	13,389,135.	15,452,196.	13,665,210.	15,538,396.	16,008,516.	74,053,453.
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).						2,663,212.
6 Public support. Subtract line 5 from line 4.						71,390,241.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	13,389,135.	15,452,196.	13,665,210.	15,538,396.	16,008,516.	74,053,453.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,043.	73,369.	10,251.	19.	523.	189,205.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,821.	54,805.		25,701.		94,327.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,415.			58.	921.	2,394.
11 Total support. Add lines 7 through 10						74,339,379.
12 Gross receipts from related activities, etc. (see instructions)					12	1,597,246.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.03%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.64%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number
13-3458820

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 376,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 316,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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 contributions to (during year)		
3 Aggregate 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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 XIV, 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) Revenues 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 Revenues 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.

Schedule D (Form 990) 2010

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 XIV.

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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		101,983.	50,971.	51,012.
d Equipment		70,580.	53,036.	17,544.
e Other		96,175.	73,051.	23,124.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				91,680.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	750,781.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	750,781.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (16,198,180). Line 2: Total expenses (16,564,922). Line 3: Excess or (deficit) for the year (-366,742). Line 4: Net unrealized gains (losses) on investments (-226). Line 5: Donated services and use of facilities. Line 6: Investment expenses. Line 7: Prior period adjustments. Line 8: Other (Describe in Part XIV.). Line 9: Total adjustments (net) (-226). Line 10: Excess or (deficit) for the year per audited financial statements (-366,968).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue, gains, and other support per audited financial statements (16,622,688). Line 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows 2a-e: Net unrealized gains (-226), Donated services (154,808), Recoveries of prior year grants, Other (283,026), Add lines 2a through 2d (437,608). Line 3: Subtract line 2e from line 1 (16,185,080). Line 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows 4a-c: Investment expenses not included, Other (13,100), Add lines 4a and 4b (13,100). Line 5: Total revenue. Add lines 3 and 4c (16,198,180).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses and losses per audited financial statements (16,989,656). Line 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows 2a-e: Donated services (154,808), Prior year adjustments, Other losses, Other (283,026), Add lines 2a through 2d (437,834). Line 3: Subtract line 2e from line 1 (16,551,822). Line 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows 4a-c: Investment expenses not included, Other (13,100), Add lines 4a and 4b (13,100). Line 5: Total expenses. Add lines 3 and 4c (16,564,922).

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART X, LINE 2

FIN 48

THE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, THESE PROVISIONS COULD BE APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME ("UBIT") ATTRIBUTABLE TO CERTAIN OF ITS MERCHANDISE SALES. BECAUSE OF THE ORGANIZATION'S GENERAL TAX-EXEMPT STATUS, ASC 740-10-05 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE A MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART XII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON TAX RETURN AS A REDUCTION OF REVENUE COST OF GOODS SOLD \$236,213

PART XII, LINE 4B

FEEES PAID TO AUCTIONEER THAT IS A REGISTERED PROFESSIONAL FUNDRAISER WERE NET AGAINST INCOME EARNED WITHIN THE FINANCIAL STATEMENTS, THEREFORE REVENUE IS GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D

COST OF GOODS SOLD INCLUDED IN THE FINANCIAL STATEMENTS AS EXPENSE AND ON
TAX RETURN AS A REDUCTION OF REVENUE COST OF GOODS SOLD \$236,213

PART XIII, LINE 4B

FEES PAID TO AUCTIONEER THAT IS A REGISTERED PROFESSIONAL FUNDRAISER WERE
NET AGAINST INCOME EARNED WITHIN THE FINANCIAL STATEMENTS, THEREFORE
EXPENSES ARE GROSSED UP BY THESE FEES WITHIN THE TAX RETURN.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-3458820

Part I General Information on 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 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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		261,500.
(2) EUROPE	0.	0.	GRANTMAKING		69,277.
(3) NORTH AMERICA	0.	0.	GRANTMAKING		62,100.
(4) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		100,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	0.			492,877.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			492,877.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2010

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. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

(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)		EAST ASIA/PACIFIC	UNRESTRICTED	100,000.	WIRE			FMV
(2)		NORTH AMERICA	UNRESTRICTED	62,100.	WIRE			FMV
(3)		EUROPE/ICELAND/GREENLAND	UNRESTRICTED	69,276.	WIRE			FMV
(4)		SUB-SAHARAN AFRICA	UNRESTRICTED	261,500.	WIRE			FMV
(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 22.

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).* 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, 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)* Yes No

Part V Supplemental Information

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

PART I, LINE 2

PROCEDURES FOR FOREIGN GRANT-MAKING

BCEFA ASKS POTENTIAL GRANTEEES FOR DOCUMENTATION TO SUBSTANTIATE THAT THEY WOULD QUALIFY AS THE EQUIVALENT OF A US CHARITY. MANY FOREIGN GRANTS ARE MADE BASED ON RECOMMENDATIONS FROM FOREIGNERS WITHIN THE BROADWAY COMMUNITY WHO HAVE VISITED THE ORGANIZATION THEMSELVES. GRANTEEES MUST SUBMIT FOLLOW-UP REPORTS TO BCEFA SHOWING HOW THE GRANT HAS BEEN UTILIZED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public
Inspection

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I

Fundraising Activities. Complete if the organization answered "Yes" 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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

b If "Yes," list the 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			
WHITTIER AND ASSOCIATES INC. CONSULTING	CONSULTING		X	282,162.	68,531.	213,631.
2 CHARITY BUZZ	AUCTIONEER	X		144,700.	13,100.	131,600.
3						
4						
5						
6						
7						
8						
9						
10						
Total				426,862.	81,631.	345,231.

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, WA, 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	DANCE FESTIVAL	3.	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	1,075,772.	343,742.	705,566.	2,125,080.	
	2	Less: Charitable contributions	1,024,896.	334,038.	523,389.	1,882,323.	
	3	Gross income (line 1 minus line 2)	50,876.	9,704.	182,177.	242,757.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	46,104.	3,050.	60,588.	109,742.	
	7	Food and beverages	4,772.	6,654.	92,470.	103,896.	
	8	Entertainment					
	9	Other direct expenses			29,119.	29,119.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(242,757.)
	11	Net income summary. Combine line 3, column (d), and line 10					

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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					()
8	Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a 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 operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	A BETTER PLACE 232 EAST 84TH STREET NEW YORK, NY 10028	13-3645176	501(C)(3)	7,500.				UNRESTRICTED
(2)	ACTIONAIDS 1216 ARCH STREET, 6TH FLOOR	23-2446355	501(C)(3)	7,500.				UNRESTRICTED
(3)	AFRICA REDEMPTION ALLIANCE, INC. 1299 COLLEGE AVENUE BRONX, NY 10456	31-1680986	501(C)(3)	15,000.				UNRESTRICTED
(4)	AFTER HOURS PROJECT, INC. 1204 BROADWAY BROOKLYN, NY 11221	33-1007278	501(C)(3)	10,000.				UNRESTRICTED
(5)	AGAPE NETWORK 2425 E. THOMAS RD., SUITE 6	86-0697924	501(C)(3)	7,500.				UNRESTRICTED
(6)	AIDS ACTION BALTIMORE, INC. 10 EAST EAGER STREET BALTIMORE, MD 21202	52-1512614	501(C)(3)	7,500.				UNRESTRICTED
(7)	AIDS ACTION COMMITTEE OF MASSACHUSETTS 75 AMORY STREET BOSTON, MA 02119-0000	22-2707246	501(C)(3)	20,000.				UNRESTRICTED
(8)	AIDS ALABAMA 3521 SEVENTH AVENUE S. BIRMINGHAM, AL 35222	58-1727755	501(C)(3)	7,500.				UNRESTRICTED
(9)	AIDS ALLIANCE FOR CHILDREN, YOUTH & FAMILIE 1424 K STREET, NW, SUITE 200	52-1867774	501(C)(3)	15,000.				UNRESTRICTED
(10)	AIDS CARE 259 MONROE AVENUE ROCHESTER, NY 14607	16-1356734	501(C)(3)	7,500.				UNRESTRICTED
(11)	AIDS COMMUNITY RESEARCH CONSORTIUM 2684 MIDDLEFIELD ROAD, SUITE E	94-3100725	501(C)(3)	10,000.				UNRESTRICTED
(12)	AIDS COMMUNITY RESEARCH INITIATIVE OF AMERI 230 WEST 38TH STREET, 17TH FLOOR	13-3632234	501(C)(3)	10,000.				UNRESTRICTED

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AIDS EDUCATION GLOBAL INFORMATION SYSTEM (A) 32302 ALIPAZ, #267/PO BOX 184	33-0661931	501(C)(3)	10,000.				UNRESTRICTED
(2)	AIDS EMERGENCY FUND 12 GRACE STREET, STE. 300	94-2922039	501(C)(3)	7,500.				UNRESTRICTED
(3)	AIDS FOUNDATION HOUSTON, INC. 3202 WESLAYAN ANNEX HOUSTON, TX 77027	76-0073661	501(C)(3)	20,000.				UNRESTRICTED
(4)	AIDS FOUNDATION OF CHICAGO 200 W. JACKSON, SUITE 2200	36-3412054	501(C)(3)	25,000.				UNRESTRICTED
(5)	AIDS FOUNDATION OF CHICAGO - HIV PREVENTION 200 WEST JACKSON BLVD., SUITE 2200	36-3412054	501(C)(3)	10,000.				UNRESTRICTED
(6)	AIDS INSTITUTE 17 DAVIS BLVD., SUITE 403 TAMPA, FL 33606	65-0380952	501(C)(3)	10,000.				UNRESTRICTED
(7)	AIDS OUTREACH CENTER 400 NORTH BEACH STREET FORT WORTH, TX 76111	75-2139336	501(C)(3)	7,500.				UNRESTRICTED
(8)	AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DRIVE	95-3842506	501(C)(3)	10,000.				UNRESTRICTED
(9)	AIDS PROJECT NEW HAVEN 1302 CHAPEL STREET NEW HAVEN, CT 06511-0000	22-2506184	501(C)(3)	10,000.				UNRESTRICTED
(10)	AIDS RESPONSE SEACOAST 1 JUNKINS AVENUE, 4TH FLOOR	22-2884488	501(C)(3)	7,500.				UNRESTRICTED
(11)	AIDS SERVICES CENTER COALITION 810 BARRET AVENUE, SUITE 305	61-1225984	501(C)(3)	12,000.				UNRESTRICTED
(12)	AIDS SERVICES COALITION PO BOX 169 HATTIESBURG, MS 39403	14-1855167	501(C)(3)	7,500.				UNRESTRICTED

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Name of the organization

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Employer identification number

13-3458820

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(1)	AIDS SERVICES FOUNDATION ORANGE COUNTY (ASF) 17982 SKY PARK CIRCLE, SUITE J	33-0126481	501(C)(3)	13,550.				UNRESTRICTED
(2)	AIDS SERVICES OF MUSTIN 7215 CAMERON ROAD AUSTIN, TX 78752	74-2440845	501(C)(3)	7,500.				UNRESTRICTED
(3)	AIDS UNITED 1424 K STREET, SUITE 200	52-1706646	501(C)(3)	35,000.				UNRESTRICTED
(4)	ALASKAN AIDS ASSISTANCE ASSOCIATION 1057 WEST FIREWEED LANE, STE. 102	92-0113788	501(C)(3)	7,500.				UNRESTRICTED
(5)	ALIVENESS PROJECT 730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501(C)(3)	7,500.				UNRESTRICTED
(6)	ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320-0000	06-1245514	501(C)(3)	7,500.				UNRESTRICTED
(7)	AMERICAN FOUNDATION FOR AIDS RESEARCH 120 WALL STREET 13TH FLOOR	13-3163817	501(C)(3)	45,000.				UNRESTRICTED
(8)	APPETITE FOR LIFE, INC. 402 W. CERVANTES ST. PENSACOLA, FL 32501	59-3415148	501(C)(3)	10,000.				UNRESTRICTED
(9)	ARKANSAS AIDS FOUNDATION 523 S. LOUISIANA STREET, STE. 216	71-0739137	501(C)(3)	20,500.				UNRESTRICTED
(10)	ARTISTS STRIVING TO END POVERTY, INC. C/O MARY-MITCHELL CAMPBELL 165 W. 46TH ST.	20-4522991	501(C)(3)	104,710.				UNRESTRICTED
(11)	ASIAN & PACIFIC ISLANDER COALITION ON HIV/AIDS 400 BROADWAY NEW YORK, NY 10013	13-3706365	501(C)(3)	7,500.				UNRESTRICTED
(12)	ASSOCIATION OF NUTRITION SERVICES AGENCIES 1875 K STREET NW, 5TH FLOOR	95-4636640	501(C)(3)	20,000.				UNRESTRICTED

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

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(1)	ATLANTA HARM REDUCTION COALITION, INC. PO BOX 92670 ATLANTA, GA 30318	58-2227958	501(C)(3)	10,000.				UNRESTRICTED
(2)	BAILEY HOUSE, INC. 1751 PARK AVENUE NEW YORK, NY 10035	13-3165181	501(C)(3)	10,000.				UNRESTRICTED
(3)	BAILEY-BOUSHAY HOUSE 2720 EAST MADISON STREET	91-1351110	501(C)(3)	10,000.				UNRESTRICTED
(4)	BARENHOLM - SAID FOUNDATION 435 RIVERSIDE DRIVE SUITE 122	56-2468453	501(C)(3)	15,000.				UNRESTRICTED
(5)	BEING ALIVE SAN DIEGO 4070 CENTRE STREET SAN DIEGO, CA 92103	33-0439092	501(C)(3)	7,500.				UNRESTRICTED
(6)	BELLE REVE NEW ORLEANS 3029 ROYAL STREET NEW ORLEANS, LA 70117	58-2022068	501(C)(3)	7,500.				UNRESTRICTED
(7)	BIENSTAR HUMAN SERVICES 5326 EAST BEVERLY BOULEVARD	65-4505737	501(C)(3)	7,500.				UNRESTRICTED
(8)	BILL'S KITCHEN, INC. PO BOX 195678 SAN JUAN, PR 00918-0000	66-0493399	501(C)(3)	7,500.				UNRESTRICTED
(9)	BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH BIRMINGHAM, AL 35233	63-0948495	501(C)(3)	7,500.				UNRESTRICTED
(10)	BLACK AIDS INSTITUTE 1833 WEST EIGHTH STREET, SUITE 200	95-4742741	501(C)(3)	20,000.				UNRESTRICTED
(11)	BLESSED SACRAMENT TRANSITIONAL RESIDENCE FO 152 WEST 71ST STREET NEW YORK, NY 10023	13-1623943	501(C)(3)	7,500.				UNRESTRICTED
(12)	BROADWAY INSPIRATIONAL VOICES LLC 224 W. 30TH ST - #1006 NEW YORK, NY 10011	06-1592825	501(C)(3)	10,000.				UNRESTRICTED

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(1)	BYWATER CHURCH OF CHRIST/CHRISTIAN OUTREACH PO BOX 3311 NEW ORLEANS, LA 70117	72-0833074	501(C)(3)	20,000.				UNRESTRICTED
(2)	CALLEN-LORDE COMMUNITY HEALTH CENTER 356 WEST 18TH STREET NEW YORK, NY 10011	13-3409680	501(C)(3)	72,000.				UNRESTRICTED
(3)	CARACOLE, INC. 1821 SUMMIT ROAD, STE. 001	31-1210524	501(C)(3)	7,500.				UNRESTRICTED
(4)	CAREER TRANSITIONS FOR DANCERS 165 W 46 STREET, SUITE 701	13-3488203	501(C)(3)	17,500.				UNRESTRICTED
(5)	CENTER FOR HIV LAW AND POLICY / NCCI 65 BROADWAY, SUITE 832 NEW YORK, NY 10006	02-0590588	501(C)(3)	15,000.				UNRESTRICTED
(6)	CENTER IN ASBURY PARK, INC. 806 THIRD AVENUE ASBURY PARK, NJ 07712-0000	23-3253558	501(C)(3)	7,500.				UNRESTRICTED
(7)	CENTRAL FLORIDA HAVEN OF HOPE MINISTRIES, I 1902 WEST COLONIAL DRIVE ORLANDO, FL 32804	59-3338309	501(C)(3)	10,000.				UNRESTRICTED
(8)	CENTRAL LOUISIANA AIDS SUPPORT SERVICES 904 13TH STREET ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	7,500.				UNRESTRICTED
(9)	CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. 18200 PAULSON DRIVE, UNIT A-1	65-0498294	501(C)(3)	7,500.				UNRESTRICTED
(10)	CHASE BREXTON HEALTH SERVICES 1001 CATHEDRAL ST., BUILDING B	52-1638592	501(C)(3)	15,000.				UNRESTRICTED
(11)	CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N. CLYBOURN, SUITE 401	36-3376432	501(C)(3)	35,000.				UNRESTRICTED
(12)	CHIEF KINA HEALTH CLINIC 129 DAYCARE ROAD LIVINGSTON, TX 77351	74-1381437	501(C)(3)	10,000.				UNRESTRICTED

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(1)	CHURCH OF ST. LUKE IN THE FIELDS - THE PLWA 487 HUDSON STREET NEW YORK, NY 10014	13-2861673	501(C)(3)	7,500.				UNRESTRICTED
(2)	CHURCH OF THE HARVEST'S FOOD PANTRY PO BOX 183 PAHOKEE, FL 33476	65-1079385	501(C)(3)	20,000.				UNRESTRICTED
(3)	CITIWIDE HARM REDUCTION 226 EAST 144TH STREET BRONX, NY 10451	13-4009817	501(C)(3)	10,000.				UNRESTRICTED
(4)	CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE	13-3634381	501(C)(3)	25,000.				UNRESTRICTED
(5)	COLUMBIA CARES, INC. 1202-8B SO. JAMES CAMPBELL BLVD.	62-1513020	501(C)(3)	7,500.				UNRESTRICTED
(6)	COMMUNITY NETWORKS, INC. PO BOX 3064 MARTINSBURG, WV 25402	55-0662121	501(C)(3)	7,500.				UNRESTRICTED
(7)	COMMUNITY SERVICES 18 MARBURY TERRACE	22-3154028	501(C)(3)	25,000.				UNRESTRICTED
(8)	CREATIVE ALTERNATIVES OF NEW YORK 225 WEST 99TH STREET NEW YORK, NY 10025	13-3204610	501(C)(3)	10,000.				UNRESTRICTED
(9)	DAMIEN CENTER 26 NORTH ARSENAL AVENUE	35-1711878	501(C)(3)	7,500.				UNRESTRICTED
(10)	DANCE THEATRE OF HARLEM EVERETT CTR FOR THE PERFORMING ARTS 466 W.	13-2642091	501(C)(3)	6,000.				UNRESTRICTED
(11)	DANCERS OVER 40 INC P.O. BOX 2103 NEW YORK, NY 10101	13-3977887	501(C)(3)	12,500.				UNRESTRICTED
(12)	DENVER COLORADO AIDS PROJECT 2490 W. 26TH AVE., SUITE 300A	84-0961159	501(C)(3)	7,500.				UNRESTRICTED

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(1)	DESERT AIDS PROJECT 1695 NORTH SUNRISE WAY	33-0068583	501(C)(3)	7,500.				UNRESTRICTED
(2)	DIASPORA COMMUNITY SERVICES 182 FOURTH AVENUE BROOKLYN, NY 11217	11-3122295	501(C)(3)	7,500.				UNRESTRICTED
(3)	DKMS AMERICAS 33 EAST 33RD STREET SUITE 501	20-0989212	501(C)(3)	9,200.				UNRESTRICTED
(4)	DOCTORS WITHOUT BORDERS / MEDECINS SANS FRO 333 SEVENTH AVENUE, 2ND FLOOR	13-3433452	501(C)(3)	10,000.				UNRESTRICTED
(5)	DOORWAYS 4385 MARYLAND AVE. ST. LOUIS, MO 63108	43-1484279	501(C)(3)	15,000.				UNRESTRICTED
(6)	EDUCATION & ASSISTANCE CORP. 50 CLINTON STREET, STE. 107	23-7175609	501(C)(3)	7,500.				UNRESTRICTED
(7)	EPISCOPAL ACTORS' GUILD OF AMERICA, INC. 1 EAST 29TH STREET NEW YORK, NY 10016-7405	13-5563397	501(C)(3)	10,000.				UNRESTRICTED
(8)	EXPOMENTS, INC. 151 WEST 26TH STREET, 3RD FLOOR	13-3572677	501(C)(3)	10,000.				UNRESTRICTED
(9)	FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501(C)(3)	20,000.				UNRESTRICTED
(10)	FOOD & FRIENDS 219 RIGGS ROAD NE WASHINGTON, DC 20011	52-1648941	501(C)(3)	20,000.				UNRESTRICTED
(11)	FOOD FOR LIFE NETWORK 3510 BISCAYNE BLVD, SUITE 209	59-2815277	501(C)(3)	7,500.				UNRESTRICTED
(12)	FOOD OUTREACH, INC. 3117 OLIVE STREET ST. LOUIS, MO 63103	43-1492878	501(C)(3)	25,000.				UNRESTRICTED

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(1)	FRANNIE PERABODY CENTER 30 DANFORTH STREET, SUITE 311	01-0416974	501(C)(3)	7,500.				UNRESTRICTED
(2)	FRIENDS FOR LIFE CORPORATION 43 N. CLEVELAND MEMPHIS, TN 38104	62-1511959	501(C)(3)	7,500.				UNRESTRICTED
(3)	FRIENDS FOR LIFE/GOOD SHEPHERD COMMUNITY SE 343 KINDERKAWACK ROAD	52-1864334	501(C)(3)	17,500.				UNRESTRICTED
(4)	FRIENDS IN DEED 594 BROADWAY, SUITE 706 NEW YORK, NY 10012	13-3628657	501(C)(3)	25,000.				UNRESTRICTED
(5)	FUNDERS CONCERNED ABOUT AIDS 2121 CRYSTAL DRIVE, STE. 700	13-3869632	501(C)(3)	22,500.				UNRESTRICTED
(6)	GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS	13-3366846	501(C)(3)	47,500.				UNRESTRICTED
(7)	GREENHOPE SERVICES FOR WOMEN 448 EAST 119TH STREET NEW YORK, NY 10035	13-2813350	501(C)(3)	7,500.				UNRESTRICTED
(8)	HARLEM UNITED COMMUNITY AIDS CENTER, INC. 306 LENOX AVENUE, 3RD FLOOR	13-3461695	501(C)(3)	35,000.				UNRESTRICTED
(9)	HARM REDUCTION COALITION, INC. 22 WEST 27TH STREET, 5TH FLOOR	94-3204958	501(C)(3)	10,000.				UNRESTRICTED
(10)	HEALTH EMERGENCY LIFELINE PROGRAM 1726 HOWARD ST. DETROIT, MI 48216	38-2719621	501(C)(3)	15,000.				UNRESTRICTED
(11)	HEIFER INTERNATIONAL, INC 1 WORLD AVENUE LITTLE ROCK, AR 72202	71-0699999	501(C)(3)	10,049.				UNRESTRICTED
(12)	HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	11,000.				UNRESTRICTED

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(1)	HIV ARTS NETWORK, INC. 90 WEST BROADWAY, STE. 12B	13-3782756	501(C)(3)	7,500.				UNRESTRICTED
(2)	HOT SPRINGS AIDS RESOURCE CENTER 1801 CENTRAL AVE., STE. C	71-0778076	501(C)(3)	10,000.				UNRESTRICTED
(3)	HOUSE OF MERCY, INC. PO BOX 808 BELMONT, NC 28012	56-2153136	501(C)(3)	7,500.				UNRESTRICTED
(4)	HOUSING WORKS, INC. 57 WILLOUGHBY STREET, 2ND FLOOR	13-3584089	501(C)(3)	25,000.				UNRESTRICTED
(5)	HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	15,000.				UNRESTRICTED
(6)	HUDSON VALLEY AUTISM SOCIETY/AUTISM SOCIETY OF AMERICA 7910 WOODMONT AVE., STE.300		501(C)(3)	10,000.				UNRESTRICTED
(7)	HYACINTH AIDS FOUNDATION 317 GEORGE STREET	22-2648820	501(C)(3)	10,000.				UNRESTRICTED
(8)	IDENTITY HOUSE MURRAY HILL STATION, PO BOX 829	13-3002230	501(C)(3)	7,500.				UNRESTRICTED
(9)	IN THE LIFE MEDIA, INC. 184 FIFTH AVENUE, 4TH FLOOR	13-3770390	501(C)(3)	22,500.				UNRESTRICTED
(10)	INCARNATION CHILDREN'S CENTER/FRIENDS OF IC 142 AUDUBON AVENUE NEW YORK, NY 10032	13-3653344	501(C)(3)	7,500.				UNRESTRICTED
(11)	INTERFAITH AIDS MINISTRY OF GREATER DANBURY 39 ROSE STREET DANBURY, CT 06810-0000	06-1314001	501(C)(3)	7,500.				UNRESTRICTED
(12)	INTERNATIONAL AIDS EMPOWERMENT 800 MONTANA AVENUE EL PASO, TX 79902	74-2967366	501(C)(3)	7,500.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	INTERNATIONAL AIDS VACCINE INITIATIVE - IAV 110 WILLIAMS ST NEW YORK, NY 10038	13-3870223	501(C)(3)	35,000.				UNRESTRICTED
(2)	IRIS HOUSE 2348 ADAM CLAYTON POWELL JR. BLVD.	13-3699201	501(C)(3)	12,500.				UNRESTRICTED
(3)	JOSEPH'S HOUSE 1730 LANIER PL NW WASHINGTON, DC 20009	52-1693018	501(C)(3)	20,000.				UNRESTRICTED
(4)	KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111-2537	43-0967292	501(C)(3)	7,500.				UNRESTRICTED
(5)	KITCHEN ANGELS 1222 SILER ROAD SANTA FE, NM 87507	85-0423492	501(C)(3)	12,500.				UNRESTRICTED
(6)	LATINO COMMISSION ON AIDS 24 WEST 25TH STREET, 9TH FLOOR	13-3629466	501(C)(3)	10,000.				UNRESTRICTED
(7)	LEGACY COMMUNITY HEALTH SERVICES, INC. 3311 RICHMOND AVENUE, #230	76-0009637	501(C)(3)	15,000.				UNRESTRICTED
(8)	LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUN 208 WEST 13TH STREET NEW YORK, NY 10011	13-3217805	501(C)(3)	140,496.				UNRESTRICTED
(9)	LIFECARE ALLIANCE 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-4379494	501(C)(3)	20,000.				UNRESTRICTED
(10)	LIFELONG AIDS ALLIANCE 1002 EAST SENECA STREET SEATTLE, WA 98122	91-1215715	501(C)(3)	20,000.				UNRESTRICTED
(11)	LONG ISLAND ASSOCIATION FOR AIDS CARE, INC. 60 ADAMS AVENUE HAUPPAUGE, NY 11788	11-2809739	501(C)(3)	7,500.				UNRESTRICTED
(12)	LOVING FOOD RESOURCES 123 KENILWORTH ROAD ASHEVILLE, NC 28803	56-1823591	501(C)(3)	20,000.				UNRESTRICTED

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(1)	LOWER EAST SIDE HARM REDUCTION CENTER 25 ALLEN STREET NEW YORK, NY 10002	13-3727641	501(C)(3)	10,000.				UNRESTRICTED
(2)	MAITRI 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	94-3189198	501(C)(3)	10,000.				UNRESTRICTED
(3)	MEVA'S KITCHEN, INC. 3960 HOME AVENUE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	25,000.				UNRESTRICTED
(4)	MERIN AIDS PROJECT 910 IRWIN STREET SAN RAFAEL, CA 94901	68-0072470	501(C)(3)	7,500.				UNRESTRICTED
(5)	MATTHEW 25 AIDS SERVICES 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501(C)(3)	7,500.				UNRESTRICTED
(6)	MAYOR'S ALLIANCE FOR NYC ANIMALS/NOT HOME A 244 FIFTH AVENUE NEW YORK, NY 10001	73-1653635	501(C)(3)	55,000.				UNRESTRICTED
(7)	MAZZONI CENTER 21 SOUTH 12TH STREET, 12TH FLOOR	23-2176338	501(C)(3)	15,000.				UNRESTRICTED
(8)	MEDICARE RIGHTS CENTER - ACTORS FUND 520 EIGHTH AVENUE, NORTH WING 3RD FLOOR	13-3505372	501(C)(3)	25,000.				UNRESTRICTED
(9)	MERCY HOUSE LIVING CENTERS PO BOX 1905 SANTA ANA, CA 92702	33-0315864	501(C)(3)	6,000.				UNRESTRICTED
(10)	MERCY HOUSE TRANSITIONAL LIVING CTRS P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501(C)(3)	6,000.				UNRESTRICTED
(11)	METRO TEENAGERS 651 PENNSYLVANIA AVE, SE	52-1610088	501(C)(3)	7,500.				UNRESTRICTED
(12)	METROPOLITAN AIDS NEIGHBORHOOD NUTRITION AL 2323 RANSTEAD STREETM	23-2586142	501(C)(3)	25,000.				UNRESTRICTED

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

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Employer identification number

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(1)	METROPOLITAN COMMUNITY CHURCH OF NEW YORK 446 WEST 36TH STREET NEW YORK, NY 10018	13-4230871	501(C)(3)	7,500.				UNRESTRICTED
(2)	MILWAUKEE AIDS HOUSING CORPORATION 820 N. PLANKINTON AVENUE	39-1534049	501(C)(3)	6,100.				UNRESTRICTED
(3)	MINNESOTA AIDS PROJECT 1400 PARK AVENUE SOUTH	41-1524746	501(C)(3)	7,500.				UNRESTRICTED
(4)	MINNOKOTA HEALTH PROJECT 810 4TH AVENUE SOUTH, SUITE 202	36-3610758	501(C)(3)	10,000.				UNRESTRICTED
(5)	MISSOULA AIDS COUNCIL 500 NORTH HIGGINS, SUITE 100	36-3652244	501(C)(3)	7,500.				UNRESTRICTED
(6)	MOMENTUM PROJECT 322 8TH AVENUE, 3RD FLOOR	13-35556768	501(C)(3)	7,500.				UNRESTRICTED
(7)	MOVEABLE FEAST INC. 901 NORTH MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501(C)(3)	25,000.				UNRESTRICTED
(8)	NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501(C)(3)	12,500.				UNRESTRICTED
(9)	NATIONAL AIDS HOUSING COALITION 1518 K ST., NW, SUITE 410	52-1917624	501(C)(3)	10,000.				UNRESTRICTED
(10)	NATIONAL ASSOCIATION OF PEOPLE WITH AIDS (N 8401 COLESVILLE ROAD, STE. 750	54-1540690	501(C)(3)	25,000.				UNRESTRICTED
(11)	NATIONAL BLACK GAY MEN'S ADVOCACY COALITION 3636 GEORGIA AVENUE, NW	58-1986941	501(C)(3)	20,000.				UNRESTRICTED
(12)	NATIONAL BLACK LEADERSHIP COMMISSION ON AID 120 WALL STREET, SUITE 2302	13-3330740	501(C)(3)	10,000.				UNRESTRICTED

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Employer identification number

13-3458820

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(1)	NAVAJO AIDS NETWORK, INC. PO BOX 1313 CHINLE, AZ 86503-1313	86-0736661	501(C)(3)	7,500.				UNRESTRICTED
(2)	NEW ALTERNATIVES FOR LGBT HOMELESS YOUTH/TH 50 EAST 7TH STREET NEW YORK, NY 10003	31-1689641	501(C)(3)	7,500.				UNRESTRICTED
(3)	NO/AIDS TASK FORCE 2601 TULANE AVENUE, SUITE 500	72-1059635	501(C)(3)	25,000.				UNRESTRICTED
(4)	NORTH CAROLINA HARM REDUCTION COALITION PO BOX 13761 DURHAM, NC 27709	20-3452075	501(C)(3)	7,500.				UNRESTRICTED
(5)	NORTHEAST FLORIDA AIDS NETWORK 2715 OAK STREET JACKSONVILLE, FL 32205	59-2974694	501(C)(3)	7,500.				UNRESTRICTED
(6)	NOT HOME ALONE PROJECT 244 FIFTH AVENUE NEW YORK, NY 10001	73-1653635	501(C)(3)	55,000.				UNRESTRICTED
(7)	OPEN ARMS OF MINNESOTA 2500 BLOOMINGTON AVENUE S.	41-1681317	501(C)(3)	25,000.				UNRESTRICTED
(8)	OPEN HAND 176 OTTLEY DRIVE, NE ATLANTA, GA 30324	58-1816778	501(C)(3)	35,000.				UNRESTRICTED
(9)	OUR HOUSE OF PORTLAND 2727 SE ALDER ST. PORTLAND, OR 97214	93-0986632	501(C)(3)	7,500.				UNRESTRICTED
(10)	PETER & PAUL COMMUNITY SERVICES, INC. 1025 PARK AVENUE, SUITE 1023	43-1349643	501(C)(3)	7,500.				UNRESTRICTED
(11)	PHILADELPHIA CENTER 2020 CENTENARY BOULEVARD	72-1204252	501(C)(3)	7,500.				UNRESTRICTED
(12)	PHYSICIAN VOLUNTEER FOR THE ARTS 200 CENTRAL PARK SOUTH # 7F	95-4590018	501(C)(3)	50,000.				UNRESTRICTED

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Employer identification number

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(1)	PIERCE COUNTY AIDS FOUNDATION 3520 SOUTH PINE STREET TACOMA, WA 98409	91-1385245	501(C)(3)	7,500.				UNRESTRICTED
(2)	PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206	25-1537128	501(C)(3)	15,000.				UNRESTRICTED
(3)	PLACE OF COMFORT 947 LONGDALE DRIVE LONGWOOD, FL 32750	59-3712997	501(C)(3)	10,000.				UNRESTRICTED
(4)	POSITIVE HEALTH PROJECT, INC. 301 WEST 37TH STREET, 3RD FLOOR	13-3845305	501(C)(3)	10,000.				UNRESTRICTED
(5)	PREVENTION POINT PHILADELPHIA 166 W. LEHIGH AVENUE, LOWER LEVEL	23-2663699	501(C)(3)	10,000.				UNRESTRICTED
(6)	PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR	25-1852314	501(C)(3)	10,000.				UNRESTRICTED
(7)	PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038-2702	95-4115863	501(C)(3)	35,000.				UNRESTRICTED
(8)	PROJECT ANGEL HEART 4950 WASHINGTON ST. DENVER, CO 80216	84-1199481	501(C)(3)	35,000.				UNRESTRICTED
(9)	PROJECT CHICKEN SOUP 3975 LANDMARK ST., #300	95-4232540	501(C)(3)	7,500.				UNRESTRICTED
(10)	PROJECT HOSPITALITY, INC. 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501(C)(3)	25,000.				UNRESTRICTED
(11)	PROJECT INFORM, INC. 273 NINTH STREET SAN FRANCISCO, CA 94103	94-3052723	501(C)(3)	10,000.				UNRESTRICTED
(12)	PROJECT OPEN HAND 730 POLK STREET SAN FRANCISCO, CA 94109	94-3023551	501(C)(3)	35,000.				UNRESTRICTED

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(1)	PROJECT RENEWAL, INC. 200 VARICK STREET, 9TH FLOOR	13-2602882	501(C)(3)	7,500.				UNRESTRICTED
(2)	PROJECT RESPONSE AIDS CENTER - NORTH 745 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	59-3036563	501(C)(3)	7,500.				UNRESTRICTED
(3)	PROJECT RESPONSE AIDS CENTER - SOUTH PO BOX 277 -- 3501 ORANGE AVE.	59-3036563	501(C)(3)	7,500.				UNRESTRICTED
(4)	RAIN - CHARLOTTE PO BOX 37190 CHARLOTTE, NC 28237-7418	56-1825247	501(C)(3)	7,500.				UNRESTRICTED
(5)	RESOURCE CENTER OF DALLAS, INC. 2701 REAGAN STREET DALLAS, TX 75219	75-1892059	501(C)(3)	7,500.				UNRESTRICTED
(6)	RIVER FUND NEW YORK INC. 89-11 LEFFERTS BLVD.	11-3450363	501(C)(3)	20,000.				UNRESTRICTED
(7)	RIVER FUND, THE 11155 ROSELAND ROAD, UNIT 16	59-3212877	501(C)(3)	15,000.				UNRESTRICTED
(8)	ROSTIE'S THEATER KIDS 445 WEST 45TH STREET NEW YORK, NY 10036	54-2099457	501(C)(3)	6,000.				UNRESTRICTED
(9)	SAFE HORIZON/STREETWORK 2 LAFAYETTE STREET, 3RD FLOOR	13-2946970	501(C)(3)	7,500.				UNRESTRICTED
(10)	SAGE SERVICES AND ADVOCACY FOR GLET ELDERS 305 SEVENTH AVE., SUITE 15	13-2947657	501(C)(3)	20,000.				UNRESTRICTED
(11)	SAINTE LOUIS EFFORT FOR AIDS 1027 SOUTH VANDEVENTER, SUITE 700	43-1395179	501(C)(3)	7,500.				UNRESTRICTED
(12)	SAN ANTONIO AIDS FOUNDATION 818 EAST GRAYSON STREET	74-2427853	501(C)(3)	15,000.				UNRESTRICTED

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(1)	SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET, SUITE 400	94-2927405	501(C)(3)	15,000.				UNRESTRICTED
(2)	SAN LUIS OBISPO COUNTY AIDS SUPPORT NETWORK PO BOX 12158 SAN LUIS OBISPO, CA 93406	77-0205717	501(C)(3)	20,000.				UNRESTRICTED
(3)	SAVE THE FOODBASKET, INC. PO BOX 22845 HONOLULU, HI 96823	94-3259311	501(C)(3)	15,000.				UNRESTRICTED
(4)	SCENECTADY INNER CITY MINISTRY 1055 WENDELL AVENUE SCENECTADY, NY 12308	14-1548263	501(C)(3)	7,500.				UNRESTRICTED
(5)	SHANNON'S S.H.A.R.E. FOUNDATION P O BOX 40244 GLEN OAKS, NY 11004	27-5553326	501(C)(3)	5,109.				UNRESTRICTED
(6)	SHANTI 730 POLK STREET, 3RD FLOOR	94-2297147	501(C)(3)	7,500.				UNRESTRICTED
(7)	SHASTA - TRINITY - TEHAMA HIV FOOD BANK PO BOX 493283 REDDING, CA 96049-3283	20-1931988	501(C)(3)	7,500.				UNRESTRICTED
(8)	SHEPHERD WELLNESS COMMUNITY 4800 SCIOTA STREET	25-1781394	501(C)(3)	7,500.				UNRESTRICTED
(9)	SOUTH AFRICA DEVELOPMENT FUND 555 ARMOY ST. BOSTON, MA 02130-0000	22-2674813	501(C)(3)	15,000.				UNRESTRICTED
(10)	SOUTH JERSEY AIDS ALLIANCE 19 GORDONS ALLEY	22-2686586	501(C)(3)	7,500.				UNRESTRICTED
(11)	SOUTH MISSISSIPPI AIDS TASK FORCE 2756 FERNWOOD ROAD BILOXI, MS 39531	64-0789159	501(C)(3)	7,500.				UNRESTRICTED
(12)	SOUTHERN ARIZONA AIDS FOUNDATION 375 SOUTH EUCLID AVENUE	86-0864100	501(C)(3)	7,500.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOUTHERN NEW HAMPSHIRE HIV/AIDS TASK FORCE 12 AMHERST STREET NASHUA, NH 03064-0000	02-0447280	501(C)(3)	7,500.				UNRESTRICTED
(2)	SOUTHWEST LOUISIANA AIDS COUNCIL 1715 COMMON STREET LAKE CHARLES, LA 70601	72-1115522	501(C)(3)	8,500.				UNRESTRICTED
(3)	SPECIAL DELIVERY SAN DIEGO 4021 GOLDFINCH STREET SAN DIEGO, CA 92103	33-0475238	501(C)(3)	20,000.				UNRESTRICTED
(4)	SPECIAL HEALTH RESOURCES FOR TEXAS 2020 BILL OWENS PARKWAY, SUITE 230	75-2405203	501(C)(3)	10,000.				UNRESTRICTED
(5)	ST. MALACHY'S CATHOLIC CHURCH/ THE ACTORS CHAPEL 239 WEST 49TH STREET		501(C)(3)	5,110.				UNRESTRICTED
(6)	ST. PAUL'S COMMUNITY DEVELOPMENT CORPORATION 451 VAN HOUTEN STREET	22-3075855	501(C)(3)	10,000.				UNRESTRICTED
(7)	TENDERLOIN HEALTH 255 GOLDEN GATE AVENUE	94-3214629	501(C)(3)	10,000.				UNRESTRICTED
(8)	THE ACTING COMPANY 630 NINTH AVENUE #214 NEW YORK, NY 10036	13-2759292	501(C)(3)	7,500.				UNRESTRICTED
(9)	THE ACTORS' FUND OF AMERICA 729 SEVENTH AVENUE 10TH FLOOR	13-1639251	501(C)(3)	4,014,500.				UNRESTRICTED
(10)	THE ALPHA WORKSHOPS 245 WEST 29TH STREET, SUITE # 14	13-3839867	501(C)(3)	21,000.				UNRESTRICTED
(11)	THE ALZHEIMER'S ASSOCIATION 360 LEXINGTON AVE 4TH FLOOR	13-3039601	501(C)(3)	25,000.				UNRESTRICTED
(12)	THE ESTA FOUNDATION 630 NINTH AVENUE SUITE 609	38-3715781	501(C)(3)	25,000.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BROADWAY CARES/EQUITY 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.

OMB No. 1545-0047

2010

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. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE STORM THEATRE C/O ALCHEMY PROD. GRP. 630 NINEETH AVENUE, #	13-4031810	501(C)(3)	38,500.				UNRESTRICTED
(2)	THE TERROR PROJECT 9056 SANTA MONICA BLVD. #208	95-4681287	501(C)(3)	40,000.				UNRESTRICTED
(3)	TIDES CENTER/HOMELESS YOUTH ALLIANCE PO BOX 170427 SAN FRANCISCO, CA 94117	94-3213100	501(C)(3)	7,500.				UNRESTRICTED
(4)	TOPEKA AIDS PROJECT, INC. 708 SW 6TH AVENUE TOPEKA, KS 66603	48-1032982	501(C)(3)	7,500.				UNRESTRICTED
(5)	TOUCH OF ROCKLAND COUNTY, INC. (T.O.U.C.H.) 209 ROUTE 9W CONGERS, NY 10920	13-3602455	501(C)(3)	7,500.				UNRESTRICTED
(6)	TREATMENT ACTION GROUP (TAG) 261 FIFTH AVENUE, STE. 2110	13-3624785	501(C)(3)	15,000.				UNRESTRICTED
(7)	TROY AREA UNITED MINISTRIES, INC. 392 SECOND STREET TROY, NY 12180	14-1635408	501(C)(3)	7,500.				UNRESTRICTED
(8)	TRUTH WINS OUT PO BOX 96 BURLINGTON, VT 05402-0000	20-5125079	501(C)(3)	12,500.				UNRESTRICTED
(9)	TULSA C.A.R.E.S. 3507 EAST ADMIRAL PLACE TULSA, OK 74115	73-1388569	501(C)(3)	7,500.				UNRESTRICTED
(10)	UJA-FEDERATION OF NEW YORK 130 EAST 59TH ST NEW YORK, NY 10022	51-0172429	501(C)(3)	10,000.				UNRESTRICTED
(11)	US HELPING US 3636 GEORGIA AVE., NW WASHINGTON, DC 20010	52-1628279	501(C)(3)	15,000.				UNRESTRICTED
(12)	VIOLET'S CUPBOARD 1815 W. MARKET ST., SUITE 204	34-1533382	501(C)(3)	15,000.				UNRESTRICTED

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	VITAL BRIDGES 5543 N. BROADWAY AVE. CHICAGO, IL 60640	36-3621161	501(C)(3)	7,500.				UNRESTRICTED
(2)	WEST ALABAMA AIDS OUTREACH, INC. 2720 6TH STREET TUSCALOOSA, AL 35401	63-0995963	501(C)(3)	10,000.				UNRESTRICTED
(3)	WEST HOUSE PERSONAL CARE HOME 616 WEST EDWIN STREET	23-2522649	501(C)(3)	15,000.				UNRESTRICTED
(4)	WESTERN NORTH CAROLINA AIDS PROJECT PO BOX 2411 ASHEVILLE, NC 28802	58-1772685	501(C)(3)	7,500.				UNRESTRICTED
(5)	WHITMAN-WALKER CLINIC 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501(C)(3)	20,000.				UNRESTRICTED
(6)	WOMEN'S COLLECTIVE 1331 RHODE ISLAND AVE. NE	52-1929922	501(C)(3)	7,500.				UNRESTRICTED
(7)	WOMEN'S PRISON ASSOCIATION 110 SECOND AVENUE NEW YORK, NY 10003	13-5596836	501(C)(3)	7,500.				UNRESTRICTED
(8)	YOUNG WOMEN OF COLOR HIV/AIDS COALITION 116-51 224TH STREET	13-3848582	501(C)(3)	10,000.				UNRESTRICTED
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 573.

3 Enter total number of other organizations 0.

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GRANT FOR RESEARCH FOR PUBLICATION	1.	7,500.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANT POLICY

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

5 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:

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

6 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:

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

7 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. **7** **X**

8 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. **8** **X**

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

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

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

Schedule J (Form 990) 2010

13-3458820

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TOM VIOLA	(i) 173,114.	(ii) 0.	(iii) 0.	0.	13,725.	186,839.	0.
		(ii) 0.	(iii) 0.		0.	0.	0.	0.
2	LAWRENCE COOK	(i) 157,881.	(ii) 0.	(iii) 0.	0.	7,925.	165,806.	0.
		(ii) 0.	(iii) 0.		0.	0.	0.	0.
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

13-3458820

Schedule J (Form 990) 2010

Part III Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS BONEAU	TRUSTEE OF BCEFA	36,975.	PAYMENT TO PRESS AGENCY HE OWN		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**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.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3.	11,226.	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	143.	112,800.	FMV
26 Other ▶ (TOY BEARS)	X	46.	92,000.	FMV
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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CO, CT, DE,

DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, VT, VA, WA, WV, WI, WY

ATTACHMENT 2PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 PAUL LIBIN PRESIDENT	2.00	X		X				0.	0.	0.
30 MARGO LION TRUSTEE	2.00	X						0.	0.	0.
31 NANCY MAHON TRUSTEE	2.00	X						0.	0.	0.
32 KEVIN MCCOLLUM TRUSTEE	2.00	X						0.	0.	0.
33 MICHAEL MCELROY TRUSTEE	2.00	X						0.	0.	0.
34 TERRENCE MCNALLY TRUSTEE	2.00	X						0.	0.	0.
35 JERRY MITCHELL TRUSTEE	2.00	X						0.	0.	0.
36 IRA MONT FIRST VICE-PRESIDENT	2.00	X		X				0.	0.	0.
37 BERNADETTE PETERS TRUSTEE	2.00	X						0.	0.	0.
38 JUDY RICE SECRETARY	2.00	X		X				0.	0.	0.
39 MARTIN RICHARDS TRUSTEE	2.00	X						0.	0.	0.
40 CHITA RIVERA TRUSTEE	2.00	X						0.	0.	0.
41 JORDAN ROTH TRUSTEE	2.00	X						0.	0.	0.
42 NICK SCANDALIOS TRUSTEE	2.00	X						0.	0.	0.
43 PETER SCHNEIDER TRUSTEE	2.00	X						0.	0.	0.
44 THOMAS SCHUMACHER SECOND VICE-PRESIDENT	2.00	X		X				0.	0.	0.
45 ROBERT SCORE TRUSTEE	2.00	X						0.	0.	0.
46 MARIAN SELDES										

Name of the organization

BROADWAY CARES/EQUITY FIGHTS AIDS, INC.

Employer identification number

13-3458820

			ATTACHMENT 2 (CONT'D)		
	TRUSTEE	2.00 X	0.	0.	0.
47	JEFFREY SELLER				
	TRUSTEE	2.00 X	0.	0.	0.
48	PHILIP J SMITH				
	TRUSTEE	2.00 X	0.	0.	0.
49	CHARLOTTE ST MARTIN				
	TRUSTEE	2.00 X	0.	0.	0.
50	DAVID STONE				
	TRUSTEE	2.00 X	0.	0.	0.
51	STUART THOMPSON				
	TRUSTEE	2.00 X	0.	0.	0.
52	TIM TOMPKINS				
	TRUSTEE	2.00 X	0.	0.	0.
53	ROBERT E WANKEL				
	TRUSTEE	2.00 X	0.	0.	0.
54	BETH WILLIAMS				
	TRUSTEE	2.00 X	0.	0.	0.
55	NICK WYMAN				
	TRUSTEE	2.00 X	0.	0.	0.
56	TOM VIOLA				
	EXECUTIVE DIRECTOR	40.00 X	173,114.	0.	13,725.
57	LAWRENCE COOK				
	DIRECTOR OF FINANCE/ADMIN	40.00 X	157,881.	0.	7,925.
58	MICHAEL GRAZIANO				
	PRODUCING DIRECTOR	40.00 X	134,920.	0.	7,847.
59	DANIEL E WHITMAN				
	DIR COMMUNICATIONS/DEVELOPMENT	40.00 X	105,289.	0.	7,707.