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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2013**Open to Public Inspection**

A For the 2013 calendar year, or tax year beginning <u>7/1/2013</u> and ending <u>6/30/2014</u>													
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>The Astraea Lesbian Foundation for Justice, Inc.</u></td> </tr> <tr> <td colspan="2">Doing Business As _____</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>116 EAST 16TH STREET, 7TH FLOOR</u></td> </tr> <tr> <td>City or town <u>NEW YORK</u></td> <td>State <u>NY</u> ZIP code <u>10003</u></td> </tr> <tr> <td>Foreign country name _____</td> <td>Foreign province/state/county Foreign postal code _____</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>JENNIFER BOB ALOTTA, ADDRESS SAME AS "C" ABOVE</u></td> </tr> </table>	C Name of organization <u>The Astraea Lesbian Foundation for Justice, Inc.</u>		Doing Business As _____		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>116 EAST 16TH STREET, 7TH FLOOR</u>		City or town <u>NEW YORK</u>	State <u>NY</u> ZIP code <u>10003</u>	Foreign country name _____	Foreign province/state/county Foreign postal code _____	F Name and address of principal officer: <u>JENNIFER BOB ALOTTA, ADDRESS SAME AS "C" ABOVE</u>	
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Foreign country name _____	Foreign province/state/county Foreign postal code _____												
F Name and address of principal officer: <u>JENNIFER BOB ALOTTA, ADDRESS SAME AS "C" ABOVE</u>													
D Employer identification number <u>13-2992977</u>													
E Telephone number <u>(212) 529-8021</u>													
G Gross receipts \$ <u>9,355,609</u>													
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____													
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
J Website: ▶ <u>WWW.ASTRAEAFOUNDATION.ORG</u>													
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation <u>1979</u> M State of legal domicile <u>NY</u>													

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ASTRAEA FUNDS LGBTQI ACTIVISM GLOBALLY, SERVING AS A FEMINIST SOCIAL JUSTICE HUB AND WORKING SIDE-BY-SIDE WITH GRANTEE AND DONOR PARTNERS TO ACHIEVE RACIAL, ECONOMIC, SOCIAL AND GENDER JUSTICE WORLDWIDE</u>		
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	28
	6	Total number of volunteers (estimate if necessary)	6	88
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,704,323	6,006,956
	9	Program service revenue (Part VIII, line 2g)	79,266	61,090
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	336,252	326,466
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,117	-579
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,129,958	6,393,933
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,600,389	3,275,156
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)	1,448,772	1,561,276
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (A), line 11f) <u>465,819</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–14e)	1,584,559	1,768,193
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,633,720	6,604,625	
19	Revenue less expenses. Subtract line 18 from line 12	496,238	-210,692	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,988,268	12,510,166
	21	Total liabilities (Part X, line 26)	1,954,261	3,396,616
	22	Net assets or fund balances. Subtract line 21 from line 20	9,034,007	9,113,550

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	<u>4/23/15</u> Date			
	Type or print name and title <u>Jennifer Bob Alotta - Executive Director</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>WINNIE TAM</u>		<u>4/15/2015</u>	<input type="checkbox"/>	<u>P01275370</u>
	Firm's name ▶ <u>WINNIE TAM & CO, PC</u>		Firm's EIN ▶ <u>13-3777972</u>		
	Firm's address ▶ <u>50 BROAD STREET, SUITE 1837, NEW YORK, NY 10004</u>		Phone no <u>(212) 785-4600</u>		

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** (2013)

HTA

9172

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission.

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. ("ASTRAEA") IS THE ONLY PHILANTHROPIC ORGANIZATION WORKING EXCLUSIVELY TO ADVANCE LGBTQI HUMAN RIGHTS AROUND THE WORLD. ASTRAEA SERVES AS A FEMINIST SOCIAL JUSTICE HUB, WORKING SIDE-BY-SIDE WITH GRANTEE AND DONOR PARTNERS TO ACHIEVE RACIAL, ECONOMIC, SOCIAL AND GENDER JUSTICE WORLDWIDE.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 5,185,175 including grants of \$ 3,205,677) (Revenue \$ 61,090)

THE FIRST GRANTMAKER TO HUNDREDS OF ORGANIZATIONS, ASTRAEA PLAYS A CATALYTIC ROLE FOR LGBTQI GROUPS ACROSS THE GLOBE. THROUGH GRANTMAKING, CAPACITY BUILDING AND PHILANTHROPIC ADVOCACY PROGRAMS, ASTRAEA SUPPORTS THE WORK OF LESBIAN, TRANS, INTERSEX AND ALLIED ORGANIZATIONS TO CHALLENGE OPPRESSION AND CLAIM THEIR RIGHTS.

4b (Code:) (Expenses \$ 468,514 including grants of \$ 41,858) (Revenue \$)

THE PIPELINE PROJECT - A SPONSORED PROJECT OF ASTRAEA - IS A RECRUITMENT, RETENTION AND LEADERSHIP ADVANCEMENT INITIATIVE. THE INITIATIVE'S GOALS ARE TO PRODUCE PROGRAMS AND ENGAGE IN ACTIVITIES THAT TOGETHER REPRESENT A LONG-TERM EFFORT TO INCREASE THE NUMBER OF PEOPLE OF COLOR WORKING WITHIN THE NATION'S LGBT RIGHTS, SERVICE AND ADVOCACY SECTOR, AND ULTIMATELY INCREASE THE LEVEL OF DIVERSITY IN THE LEADERSHIP OF OUR MOVEMENT.

4c (Code:) (Expenses \$ 222,811 including grants of \$ 27,621) (Revenue \$)

GLOBAL ACTION FOR TRANSGENDER EQUALITY ("GATE") - A SPONSORED PROJECT OF ASTRAEA - IS A TRANS* NETWORK COORDINATOR, FACILITATOR AND ADVOCATE TO THE 'OUTSIDE' WORLD. GATE WORKS TO UNITE TRANS* MOVEMENTS FOR COMMON GOALS, WHILE DEVELOPING TRANS* AGENDAS ON A CONCEPTUAL POLICY LEVEL. GATE ASSISTS TRANS* MOVEMENTS AND STRUCTURES AT THE LOCAL, NATIONAL AND REGIONAL LEVELS IN ORDER TO FACILITATE THE DEVELOPMENT OF A NEW GLOBAL NETWORK OF TRANS* ORGANIZATIONS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **5,876,500**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	56	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	28	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	N/A	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	N/A	
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders.	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	N/A	
c	Enter the amount of reserves on hand.	N/A	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	N/A	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad rights to an executive committee or similar committee, explain in Schedule O.	1a 13		
b Enter the number of voting members included in line 1a, above, who are independent.	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC** (212) 529-8021
 116 EAST 16TH STREET, 7TH FLOOR, NEW YORK, NY 10003

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated**Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIRIAM ZOILA PEREZ BOARD CHAIR	1.00	X		X				0	0	0
(2) CYNTHIA ROTHSCHILD DIRECTOR	1.00	X						0	0	0
(3) JARRETT LUCAS VICE CHAIR & SECRETARY	1.00	X		X				0	0	0
(4) WENDY STARK TREASURER	1.00	X		X				0	0	0
(5) SUSAN WEFALD DIRECTOR	1.00	X						0	0	0
(6) ARCELIA HURTADO DIRECTOR	1.00	X						0	0	0
(7) UMA RAO DIRECTOR	1.00	X						0	0	0
(8) RYAN LI DAHLSTROM DIRECTOR	1.00	X						0	0	0
(9) JUDENE WALDEN DIRECTOR	1.00	X						0	0	0
(10) WILL CORDERY DIRECTOR	1.00	X						0	0	0
(11) JENNIE BRIER DIRECTOR	1.00	X						0	0	0
(12) NITIKA RAJ DIRECTOR	1.00	X						0	0	0
(13) UROOJ ASHAD DIRECTOR	1.00	X						0	0	0
(14) JENNIFER BOB ALOTTA EXECUTIVE DIRECTOR	35.00			X				149,890	0	24,484

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ABA TAYLOR DEPUTY DIRECTOR	35 00			X				66,158	0	7,357
(16) CLARENCE PATTON EXECUTIVE DIRECTOR OF PIPELINE PROJECT	35 00			X				110,159	0	11,518
(17) JUSTUS EISFELD EXECUTIVE DIRECTOR OF GATE	35 00			X				83,373	0	1,724
(18) ARLENE SWARTZ INTERIM DEVELOPMENT DIRECTOR	35 00					X		100,414	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								509,994	0	45,083
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								509,994	0	45,083

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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.

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.

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.

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 3,960				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 57,783				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 1,094,544				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,850,669				
	g	Noncash contributions included in lines 1a-1f: \$	1,165,885				
	h	Total. Add lines 1a-1f ▶	6,006,956				
	Program Service Revenue			Business Code			
2a		ADMINISTRATIVE FEES	900099	61,090	61,090		
b		. . . . .		0		
c		. . . . .		0		
d		. . . . .		0		
e		. . . . .		0		
f		All other program service revenue		0			
g		Total. Add lines 2a-2f ▶	61,090				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	151,366			151,366	
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties ▶	0				
	6a	Gross rents	(i) Real	50,426			
			(ii) Personal				
	b	Less: rental expenses	50,426				
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶	0			0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,074,226	0		
			(ii) Other				
	b	Less: cost or other basis and sales expenses	2,899,126	0			
	c	Gain or (loss)	175,100	0			
	d	Net gain or (loss) ▶	175,100			175,100	
	8a	Gross income from fundraising events (not including \$ 57,783 of contributions reported on line 1c) See Part IV, line 18	a 6,123				
	b	Less: direct expenses	b 12,124				
	c	Net income or (loss) from fundraising events ▶	-6,001			-6,001	
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
c	Net income or (loss) from gaming activities ▶	0					
10a	Gross sales of inventory, less returns and allowances	a 0					
		b 0					
		c 0					
11a	MISCELLANEOUS INCOME	900099	5,422	5,422			
b	. . . . .		0			
c	. . . . .		0			
d	All other revenue		0				
e	Total. Add lines 11a-11d ▶	5,422					
12	Total revenue. See instructions. ▶	6,393,933	66,512	0	320,465		

Part IX Statement of Functional Expenses

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

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

☒ X

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 United States. See Part IV, line 21	1,587,456	1,587,456		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,687,700	1,687,700		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	424,828	362,912	35,940	25,976
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	852,207	648,078	66,828	137,301
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,200	13,878	1,283	2,039
9	Other employee benefits	156,800	135,505	8,226	13,069
10	Payroll taxes	110,241	95,454	5,712	9,075
11	Fees for services (non-employees):				
a	Management	55,852	30,563	25,289	
b	Legal	23,360	3,300	20,060	
c	Accounting	41,617	17,828	23,789	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	35,661		35,661	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	851,705	645,674	13,335	192,696
12	Advertising and promotion	250	200		50
13	Office expenses	111,835	84,236	4,393	23,206
14	Information technology	105,273	89,804	3,563	11,906
15	Royalties	0			
16	Occupancy	147,201	132,834	5,550	8,817
17	Travel	204,438	171,563	1,822	31,053
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	91,333	87,666	445	3,222
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,261	3,179	418	664
23	Insurance	8,347	7,123	415	809
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MAILING	4,596	2,298		2,298
b	STAFF DEVELOPMENT AND RECRUITMENT	4,527	2,130	2,041	356
c	MISCELLANEOUS	10,698	2,797	6,779	1,122
d	ADMINISTRATIVE FEES	61,090	61,090		
e	All other expenses	6,149	3,232	757	2,160
25	Total functional expenses. Add lines 1 through 24e	6,604,625	5,876,500	262,306	465,819
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	415,413	1	537,488
	2 Savings and temporary cash investments	2,237,808	2	2,597,107
	3 Pledges and grants receivable, net	3,545,869	3	4,104,089
	4 Accounts receivable, net	4,747	4	25,890
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	95,541	9	44,287
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 18,103		
	b Less: accumulated depreciation	10b 10,850	10c 7,253	
	11 Investments—publicly traded securities	4,672,068	11	5,180,184
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	12,518	15	13,868
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,988,268	16	12,510,166	
Liabilities	17 Accounts payable and accrued expenses	264,018	17	388,464
	18 Grants payable	1,170,245	18	2,400,290
	19 Deferred revenue	650	19	3,827
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	519,348	25	604,035
	26 Total liabilities. Add lines 17 through 25	1,954,261	26	3,396,616
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	557,575	27	648,271
	28 Temporarily restricted net assets	5,518,117	28	5,506,964
	29 Permanently restricted net assets	2,958,315	29	2,958,315
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,034,007	33	9,113,550
	34 Total liabilities and net assets/fund balances	10,988,268	34	12,510,166

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,393,933
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,604,625
3	Revenue less expenses. Subtract line 2 from line 1	3	-210,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,034,007
5	Net unrealized gains (losses) on investments	5	300,301
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,066
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,113,550

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

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☒ No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

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.

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

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

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—Non-functionally integrated
 - 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? ☐
 - (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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
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)						9,852,345
6 Public support. Subtract line 5 from line 4						14,668,985

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-91,180	164,682	161,122	150,643	151,366	536,633
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	15,314	4,184	21,227	10,117	5,422	56,264
11 Total support. Add lines 7 through 10						25,114,227
12 Gross receipts from related activities, etc (see instructions)					12	496,647
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 2013 (line 6, column (f) divided by line 11, column (f))	14	58.41%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	55.80%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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.						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5.	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						0
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.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 2013 (line 8, column (f) divided by line 13, column (f)).	15	0.00%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	0.00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	0.00%

- 19a** 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Line 10 - OTHER INCOME IS USED TO CARRY OUT THE ORGANIZATION'S TAX EXEMPT

ACTIVITIES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

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	9	
2 Aggregate contributions to (during year)	410,034	
3 Aggregate grants from (during year)	205,341	
4 Aggregate value at end of year	348,258	
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 checked="" 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 checked="" 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

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

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,161,853	3,038,454	3,154,876	2,958,315	3,018,522
b Contributions					
c Net investment earnings, gains, and losses	392,323	227,205	-15,110	391,175	
d Grants or scholarships					
e Other expenditures for facilities and programs	101,077	103,806	101,312	194,614	60,207
f Administrative expenses					
g End of year balance	3,453,099	3,161,853	3,038,454	3,154,876	2,958,315

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 86%
 c Temporarily restricted endowment ☒ 14%

The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	18,103	10,850	7,253
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,253

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	0	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	0

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) AGENCY FUNDS PAYABLE	600,008
(3) SECURITY DEPOSITS PAYABLE	4,027
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	604,035

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,249,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	300,301
b	Donated services and use of facilities	2b	230,061
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	137,381
e	Add lines 2a through 2d	2e	667,743
3	Subtract line 2e from line 1	3	5,582,050
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	35,661
b	Other (Describe in Part XIII.)	4b	776,222
c	Add lines 4a and 4b	4c	811,883
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,393,933

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

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

1	Total expenses and losses per audited financial statements	1	6,170,250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	230,061
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	62,550
e	Add lines 2a through 2d	2e	292,611
3	Subtract line 2e from line 1	3	5,877,639
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,661
b	Other (Describe in Part XIII.)	4b	691,325
c	Add lines 4a and 4b	4c	726,986
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,604,625

Part XIII Supplemental Information

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

Part X Line 2 - ASTRAEA ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE ON

UNCERTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS. ASTRAEA RECOGNIZES THE EFFECT

OF TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT IS

NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.

Part XI Line 2d - FOREIGN CURRENCY TRANSLATION GAINS OF \$74,831, RENTAL EXPENSES CHARGED

TO RENTAL INCOME OF \$50,426 AND DIRECT EVENT EXPENSES OF \$12,124

Part XI Line 4b - REVENUE OF SPONSORED PROJECTS

Part XII Line 2d - RENTAL EXPENSES OF \$50,426 ATTRIBUTABLE TO RENTAL INCOME AND DIRECT

EVENT EXPENSES OF \$12,124

Part XII Line 4b - EXPENSES OF SPONSORED PROJECTS

Part XIII Supplemental Information *(continued)*

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc

Employer identification number

13-2992977

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
South America	0	0	PROGRAM ACTIVITIES	ACCOMMODATIONS	1,370
(1) South Asia	0	2	PROGRAM ACTIVITIES	CONSULTANTS	2,600
(2) Europe	0	1	PROGRAM ACTIVITIES	CONSULTANTS	700
(3) Sub-Saharan Africa	0	1	PROGRAM ACTIVITIES	CONSULTANTS	3,000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	4			7,670
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	4			7,670

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

Schedule F (Form 990) 2013

HTA

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Grants to recipients located in the region	95,700	Wire Transfers			
(2)			East Asia and the Pacific	Grants to recipients located in the region	313,000	Wire Transfers			
(3)			Europe	Grants to recipients located in the region	177,621	Wire Transfers			
(4)			Middle East and North Africa	Grants to recipients located in the region	15,000	Wire Transfers			
(5)			North America	Grants to recipients located in the region	17,000	Wire Transfers			
(6)			Russia and the Newly Independent States	Grants to recipients located in the region	7,000	Wire Transfers			
(7)			South America	Grants to recipients located in the region	567,181	Wire Transfers			
(8)			South Asia	Grants to recipients located in the region	114,000	Wire Transfers			
(9)			Sub-Saharan Africa	Grants to recipients located in the region	382,760	Wire Transfers			
(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 **66**

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" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

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

Part I Line 2 - ASTRAEA REQUIRES GRANT RECIPIENTS TO SUBMIT A SIGNED GRANT AGREEMENT PRIOR
TO DISBURSEMENT OF GRANT FUNDS. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT NARRATIVE AND
FINANCIAL REPORTS AT THE END OF THE GRANT PERIOD, WHICH IS TYPICALLY BETWEEN SIX MONTHS
AND ONE YEAR. MULTI-YEAR GRANTS ARE PAID IN ANNUAL INSTALLMENTS. GRANT RECIPIENTS OF
MULTI-YEAR GRANTS MUST SUBMIT NARRATIVE AND FINANCIAL REPORTS FOR EACH COMPLETED YEAR
PRIOR TO DISBURSEMENT OF FUNDS FOR THE FOLLOWING GRANT YEAR. ASTRAEA'S STAFF EVALUATES
NARRATIVE AND FINANCIAL REPORTS TO ASSESS GRANTEE ACCOMPLISHMENTS AND DETERMINES WHETHER
THE GRANT WAS APPROPRIATELY SPENT.

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.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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

Part II

Fundraising Events. Complete if the organization answered "Yes" 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 FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	63,906		0	63,906
	2 Less Contributions	57,783		0	57,783
	3 Gross income (line 1 minus line 2)	6,123		0	6,123
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	10,474		0	10,474
	7 Food and beverages			0	0
	8 Entertainment	750		0	750
	9 Other direct expenses	900		0	900
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12,124)
	11 Net income summary Subtract line 10 from line 3, column (d)				-6,001

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))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
Direct Expenses	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				0

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: _____

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

b If "Yes," explain: _____

- 11 Does the organization 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 ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

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 ▶ \$ _____ 0

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

SCHEDULE I
(Form 990)

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

OMB No. 1545-0047
2013
Open to Public
Inspection

The Astraaea Lesbian Foundation for Justice, Inc

Employer identification number

13-2992977

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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. 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) SEE SCHEDULE 1 ATTACHED							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							36
3 Enter total number of other organizations listed in the line 1 table							0

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

Schedule I (Form 990) (2013)

HTA

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

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

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

Part I Line 2 - ASTRAEA REQUIRES GRANT RECIPIENTS TO SUBMIT A SIGNED GRANT AGREEMENT PRIOR TO DISBURSEMENT OF GRANT FUNDS. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS AT THE END OF THE GRANT PERIOD, WHICH IS TYPICALLY BETWEEN SIX MONTHS AND ONE YEAR. MULTI-YEAR GRANTS ARE PAID IN ANNUAL INSTALLMENTS. GRANT RECIPIENTS OF MULTI-YEAR GRANTS MUST SUBMIT NARRATIVE AND FINANCIAL REPORTS FOR EACH COMPLETED YEAR PRIOR TO DISBURSEMENT OF FUNDS FOR THE FOLLOWING GRANT YEAR. ASTRAEA'S STAFF EVALUATES NARRATIVE AND FINANCIAL REPORTS TO ASSESS GRANTEE ACCOMPLISHMENTS AND DETERMINES WHETHER THE GRANT WAS APPROPRIATELY SPENT.

The Astraea Lesbian Foundation for Justice, Inc.
 EIN 13-2992977
 2013 Form 990, Schedule I, Part II
 Grants and other assistance to Organizations in the United States
 Recipients that received more than \$5,000

Name of the Organization	Address	EIN	IRC section	Amount of Cash Grant	Purpose
1 Affinity Community Services	1424-28 E 53rd Street, Suite 306, Chicago, IL 60615	36-4157571	501(c)(3)	25,000	General Support
2 ALLGO	701 Tillery Street, Box 4, Austin, TX 78702	74-2495181	501(c)(3)	10,000	General Support
3 AllOut c/o Purpose Foundation	115 Fifth Avenue, 6th Floor, New York, NY 10003	27-3106760	501(c)(3)	5,405	General Support
Arizona Queer Undocumented Immigrant Project (AZ-QUIP) c/o Chicanos Por La Causa, Inc.	1112 E Buckeye Road, Phoenix, AZ 85034	86-0227210	501(c)(3)	10,000	General Support
5 Audre Lorde Project, Inc.	147 West 24th Street, 3rd Floor, New York, NY 10011	06-1502452	501(c)(3)	10,000	General Support
6 Audre Lorde Project, Inc.	147 West 24th Street, 3rd Floor, New York, NY 10011	06-1502452	501(c)(3)	3,475	21st Century Fellowship
7 Black and Pink c/o Out Now	P O Box 5321, Springfield, MA 01101	04-3441348	501(c)(3)	10,000	General Support
8 BreakOut! c/o Social and Environmental Entrepreneurs	22231 Mulholland Hwy, Suite 209, Calabasas, CA 91302	95-4116679	501(c)(3)	10,161	General Support
9 Chicana Latina Foundation	1429 Burlingame Avenue, Suite W-2, Burlingame, CA 94010	94-2923423	501(c)(3)	5,404	General Support
10 China LGBT Information Center	1347 N Vista Street, #111, Los Angeles, CA 90046	56-2326986	501(c)(3)	25,000	General Support
11 CODE2040	901 Mission Street, Suite 105, San Francisco, CA 94103	45-5026246	501(c)(3)	5,404	General Support
12 Colorado Anti-Violence Program at Colorado Nonprofit Development Center	789 Sherman Street, Suite 250, Denver, CO 80203	84-1493585	501(c)(3)	10,000	General Support
13 El/La Para Translatinas c/o Lavender Youth Recreation and Information Center	127 Collingwood Street, San Francisco, CA 94114	94-3227296	501(c)(3)	15,000	General Support
14 Familia Trans Queer Liberation Movement (Familia TQLM) c/o Mexican American Legal Defense and Educational Fund	634 S Spring Street, 11th Floor, Los Angeles, CA 90014	74-1563270	501(c)(3)	15,000	General Support
15 Freedom, Inc.	601 Bayview, Madison, WI 53715	43-2023570	501(c)(3)	25,000	General Support
16 Funders for Lesbian and Gay Issues, Inc. dba Funders for LGBTQ Issues	116 East 16th Street, 7th Floor, New York, NY 10003	13-4144494	501(c)(3)	6,000	Technical Assistance
17 Funders for Lesbian and Gay Issues, Inc. dba Funders for LGBTQ Issues	116 East 16th Street, 7th Floor, New York, NY 10003	13-4144494	501(c)(3)	2,500	2014 Institutional Membership
18 Gay and Lesbian Victory Institute c/o Gay and Lesbian Leadership Institute	1133 15th Street NW, Suite 350, Washington, DC 20010	52-1835268	501(c)(3)	236,897	Global LGBT Human Rights Partnership
19 Gay-Straight Alliance Network	1550 Bryant Street, Suite 600, San Francisco, CA 94103	20-5367752	501(c)(3)	150,000	New GSA's in New Orleans Public Schools
20 Gender Expansion Project (GEP) c/o Western Montana Community Center	127 N Higgins Avenue, Suite 202, Missoula, MT 59802	81-0537207	501(c)(3)	10,000	General Support
21 Gender Justice Los Angeles	6815 W. Willoughby Ave, Ste 203, Los Angeles, CA 90038	43-1958548	501(c)(3)	10,161	General Support
22 Immigrant Youth Coalition (IYC) c/o National Day Laborer Organizing Network (NDLON)	675 S Park View Street, Los Angeles, CA 90057	20-8802586	501(c)(3)	15,000	General Support
23 International Gay and Lesbian Human Rights Commission (IGLHRC)	80 Maiden Lane, Suite 1505, New York, NY 10038	94-3139952	501(c)(3)	27,142	General Support
24 Juvenile Justice Project of Louisiana	1600 Oretha Castley Haley Blvd, New Orleans, LA 70113	72-1403026	501(c)(3)	90,000	Protocol
25 Missouri GSA Network c/o LGBT Center of St Louis	4337 Manchester Avenue, St Louis, MO 63110	20-2991421	501(c)(3)	10,000	General Support
26 National Center for Lesbian Rights	870 Market Street, Suite 370, San Francisco, CA 94102	94-3086885	501(c)(3)	8,405	General Support
27 New Orleans Workers' Center for Racial Justice	217 N Prieur Street, New Orleans, LA 70112	33-1167415	501(c)(3)	150,000	From Vice to Ice Campaign
28 Nollie Jenkins Family Center, Inc	P O Box 276, Lexington, MS 39095	64-0847867	501(c)(3)		LGBTQ Cultural Competency Curriculum for Local Organizers
29 PFLAG Portland Black Chapter	P O Box 6743, Portland, OR 97228	93-0848543	501(c)(3)	10,000	General Support
30 Power Inside c/o Fusion Partnerships, Inc	1601 Guilford Avenue, 2 South, Baltimore, MD 21202	52-2148413	501(c)(3)	10,000	General Support
31 Project South	9 Gammon Avenue, Atlanta, GA 30315	58-1956886	501(c)(3)	150,000	Unit to Fight Organizing Drive
32 Providence Youth Student Movement (PRYSM)	669 Elmwood Ave, Ste B-7, Box 19, Providence, RI 02907	65-1224536	501(c)(3)	10,161	General Support
33 Racial Justice Action Center c/o Movement Strategy Center	436 14th Street, 5th Floor, Oakland, CA 94612	20-1037643	501(c)(3)	150,000	SNAP Coalition
34 Southeast Immigrant Rights Network (SEIRN) c/o Tennessee Immigrant and Refugee Rights Coalition (TIIRC)	446 Metroplex Drive, Bldg A, Suite 224, Nashville, TN 37211	13-3442022	501(c)(3)	15,000	General Support
35 Southerners on New Ground	250 Georgia Avenue, Suite 201, Atlanta, GA 30312	61-1274170	501(c)(3)	15,000	General Support
36 Trans Youth Support Network (TYSN) c/o alMaze	P O Box 19578, Minneapolis, MN 55419	41-1972162	501(c)(3)	10,000	General Support
37 Transgender, Gender Variant and Intersex Justice Project c/o Justice Now	1322 Webster Street, Suite 210, Oakland, CA 94612	42-1559899	501(c)(3)	25,000	General Support
38 Williams Institute c/o The Regents of the University of California (UCLA)	385 Charles E Young Drive, Los Angeles, CA 90095	95-6006143	501(c)(3)	113,396	Global LGBT Human Rights Partnership
Total over \$5,000				1,499,511	
Others under \$5,000				87,945	
Grand Total				1,587,456	

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc

Compensation Information

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-2992977

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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.

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.

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

Yes No

1b N/A

2 N/A

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9 N/A

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JENNIFER BOB ALOTTA	(i)	149,890	0	0	0	2,204	22,280	174,374	0
	(ii)	0	0	0	0	0	0	0	0
2	(i)								
	(ii)								
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)								

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	28	1,165,885	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?

b If "Yes," describe the arrangement in Part II.

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a	X	
33		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I Line 9 - THE ORGANIZATION REPORTED THE NUMBER OF ITEMS CONTRIBUTED

Part I Line 32b - ALL STOCK DONATIONS ARE SOLD UPON RECEIPT BY FIDELITY UNDER THE GUIDANCE

OF VERIS WEALTH PARTNERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

Form 990, Part VI, Section A, Line 3 ASTRAEA ENGAGED A FISCAL MANAGEMENT FIRM TO OVERSEE ITS

FISCAL DEPARTMENT.

Form 990, Part VI, Section B, Line 11b: FORM 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO IT

BEING FILED. THE 990 WAS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO THE SUBMISSION

Form 990, Part VI, Section B, Line 12c: EACH BOARD MEMBER COMPLETES AN ANNUAL CONFLICT OF

INTEREST POLICY DISCLOSURE WHICH THEY SIGN OFF ON THEN IT IS REVIEWED TO DETERMINE IF THERE

IS A CONFLICT.

Form 990, Part VI, Section B, Line 15 ASTRAEA CONDUCTS A COMPREHENSIVE ASSESSMENT EVERY TWO

YEARS TO COMPARE ITS STAFF'S SALARIES TO SEVERAL OTHER FOUNDATIONS WITH SIMILAR VALUES AND

VARIOUS BUDGETS DATA IS COLLECTED FROM EXISTING SALARY SURVEYS PUBLISHED ON A YEARLY BASIS BY

NON-PROFIT ORGANIZATIONS SUCH AS GUIDESTAR, PROFESSIONAL FOR NOT-FOR-PROFITS AND NON-PROFIT

COORDINATING COMMITTEE OF NEW YORK THIS ANALYSIS IS PREPARED BY THE DEPUTY DIRECTOR THE

INFORMATION COLLECTED IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR A FINAL DECISION ON ALL

STAFF HOWEVER, DECISIONS REGARDING THE EXECUTIVE DIRECTOR'S SALARY ASSESSMENT ARE PRESENTED

TO THE BOARD OF DIRECTORS FOR APPROVAL IN THE LAST FEW YEARS, ASTRAEA HAS ACQUIRED A SOFTWARE

FROM A COMPANY FOCUSING ON COMPARATIVE SALARY ANALYSIS DATA CALLED ERI ERI WAS FOUNDED IN

1987 TO PROVIDE COMPENSATION, BENEFITS AND HUMAN RESOURCE RESEARCH FOR PRIVATE AND PUBLIC

ORGANIZATIONS IN THE FORM OF PUBLISHED REPORTS AND SOFTWARE DATABASE PRODUCTS REVENUES FOR

ERI ARE EARNED SOLELY FROM THESE COST-OF-LIVING AND SALARY SURVEY SOFTWARE AND PUBLICATION

SALES. ERI DATA IS RENEWED QUARTERLY ENABLING ASTRAEA TO STAY UP TO DATE ON TRENDS IN THE

HUMAN RESOURCE AND COMPENSATION FIELD

Form 990, Part VI, Section C, Line 19 ASTRAEA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XI, Line 9 OTHER CHANGE IN NET ASSETS INCLUDE FOREIGN CURRENCY TRANSLATION

GAINS OF \$74,831 AND NET CHANGE IN SPONSORED PROJECTS' NET ASSETS OF -\$84,897.

Form 990, Part IX, Line 11g OTHER CONSULTANTS INCLUDE PAYROLL PROCESSING SERVICES \$22,806,

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

Schedule O (Form 990 or 990-EZ) (2013)

HTA

Name of the organization

Employer identification number

The Astraea Lesbian Foundation for Justice, Inc.

13-2992977

STRATEGIC PLANNERS \$66,389, PROPOSAL WRITING CONSULTANTS \$18,144, COMMUNICATIONS CONSULTANTS

\$21,280, TRANSLATIONS \$10,931, DEVELOPMENT CONSULTANTS \$3,200, RESOURCE DEVELOPMENT \$163,234,

HR CONSULTANT \$52,687, GLOBAL PHILANTHROPY PROJECT CONSULTANTS \$137,813, LANDSCAPE ANALYSIS

\$40,395, PROGRAM CONSULTANTS \$188,906, PIPELINE PROJECT CONSULTANTS \$124,870 AND GATE PROJECT

CONSULTANTS \$1,050

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.	13-2992977
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	116 EAST 16TH STREET, 7TH FLOOR	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10003	

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

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 **ASTRAEA**
Telephone No. **212 529-8021** Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/15/2015**
- 5 For calendar year _____, or other tax year beginning **7/1/2013**, and ending **6/30/2014**
- 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 **THE ADDITIONAL TIME IS REQUIRED TO COMPILE DATA NECESSARY FOR AN ACCURATE AND COMPLETE RETURN AND FOR THE ORGANIZATION'S MANAGEMENT AND GOVERNING BODY TO REVIEW THE 990.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c 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	\$	0

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  (Title) **CPAS**Date **1/13/2015**

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

TAX RETURN TRANSMITTAL MEMORANDUM

Date of this transmittal	<u>April 21, 2015</u>
Taxpayer:	<u>The Astraea Lesbian Foundation for Justice, Inc</u>
Title of Return:	<u>Internal Revenue Service</u> <u>Return of Organization Exempt from Income Tax</u>
Form # and Period Covered:	<u>Form - 990 6/30/14</u>
<hr/>	
1. Return due on or before	<u>5/15/2015</u>
2. Tax Due	<u>\$0</u>
3. Check payable to order of	<u>Not applicable</u>
4. Signatures required on	<u>Form 990 page 1</u>
5. File return with	<u>Ogden Internal Revenue Service Center</u> <u>Ogden UT 84201</u>
6. To be attached to return by your office	<u>None</u>
7. Miscellaneous instructions	<u>Sign taxpayer's copy for future references</u>
8. Mailing instructions	<u>Certified Mail with Return Receipt Requested</u>
9. Additional copies enclosed (marked "taxpayer's Copy")	<u>Yes</u>