

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/1/2013 and ending 6/30/2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization The Astraea Lesbian Foundation for Justice, Inc.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
116 EAST 16TH STREET, 7TH FLOOR
 City or town State ZIP code
NEW YORK NY 10003
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 13-2992977

E Telephone number (212) 529-8021

G Gross receipts \$ 9,355,609

F Name and address of principal officer:
JENNIFER BOB ALOTTA, ADDRESS SAME AS "C" ABOVE

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

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

J Website: WWW.ASTRAEAFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1979

M State of legal domicile: NY

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
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
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 (D), line 25) <u>465,819</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		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)	Beginning of Current Year 10,988,268	End of Year 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: Jennifer Bob Alotta Date: 9/23/13
 Type or print name and title: Jennifer Bob Alotta - Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: WINNIE TAM Preparer's signature: Winnie Tam Date: 4/15/2015 PTIN: P01275370
 Firm's name: WINNIE TAM & CO., P.C. Firm's EIN: 13-3777972
 Firm's address: 50 BROAD STREET, SUITE 1837, NEW YORK, NY 10004 Phone no.: (212) 785-4600

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

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 [X] 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 [X] 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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	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		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)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	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: <input type="checkbox"/> 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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?	N/A	
Note. See the instructions for additional information the organization must report on Schedule O.			
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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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.
[X] Own website [X] Another's website [X] 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**

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	3,960				
	1b	Membership dues	0				
	1c	Fundraising events	57,783				
	1d	Related organizations	0				
	1e	Government grants (contributions)	1,094,544				
	1f	All other contributions, gifts, grants, and similar amounts not included above	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	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				
			Less: rental expenses	50,426			
			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			
			(ii) Other		0		
			Less: cost or other basis and sales expenses	2,899,126		0	
			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	12,124			
c				-6,001		-6,001	
9a	Gross income from gaming activities. See Part IV, line 19	a	0				
		b	0				
		c		0			
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	0				
		c		0			
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	5,422	5,422			
			0				
			0				
			0				
			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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	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	4,304	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 (ASC958), 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 Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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.	X	

Public Charity Status and Public Support

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

2013

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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?

	Yes	No
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of 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 1, 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 0.00%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 0.00%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) 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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number

13-2992977

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARCUS FOUNDATION 44 WEST 28TH STREET, 17TH FLOOR NEW YORK NY 10001 Foreign State or Province: _____ Foreign Country: _____	\$ 1,786,194	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DREILINDEN GESELLSCHAFT FUR GEMEINNUTZIGES, PRIVATKAPITAL MBH ALTE KONIGSTR. 18 Foreign State or Province: HAMBURG D-22767 Foreign Country: Germany	\$ 309,618	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EVELYN AND WALTER HAAS, JR. FUND 114 SANSOME STREET, SUITE 600 SN FRANCISCO CA 94104 Foreign State or Province: _____ Foreign Country: _____	\$ 175,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI OH 45277 Foreign State or Province: _____ Foreign Country: _____	\$ 121,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK NY 10017 Foreign State or Province: _____ Foreign Country: _____	\$ 297,289	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FOUNDATION TO PROMOTE OPEN SOCIETY 224 WEST 57TH STREET NEW YORK NY 10019 Foreign State or Province: _____ Foreign Country: _____	\$ 200,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
The Astraea Lesbian Foundation for Justice, Inc.

Employer identification number
13-2992977

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANONYMOUS ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 781,700	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	U.S. Agency for International Development 1300 PENNSYLVANIA AVENUE NW WASHINGTON DC 20523 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 1,094,544	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization The Astraea Lesbian Foundation for Justice, Inc.	Employer identification number 13-2992977
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,451 SHARES OF STRYKER CORP	\$ 99,230	10/8/2013
1	1,674 SHARES OF STRYKER CORP	\$ 122,692	10/23/2013
1	4,015 SHARES OF STRYKER CORP	\$ 297,329	11/15/2013
1	2,545 SHARES OF STRYKER CORP	\$ 197,725	1/31/2014
1	4,100 SHARES OF STRYKER CORP	\$ 333,293	4/9/2014
-----	-----	\$ -----	-----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

The Astraea Lesbian Foundation for Justice, Inc.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for tracking easements held at the end of the tax year.

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.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenues and assets.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c 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		X
(ii) related organizations		X
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	N/A	

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

**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 (1)	0	0	PROGRAM ACTIVITIES	ACCOMMODATIONS	1,370
South Asia (2)	0	2	PROGRAM ACTIVITIES	CONSULTANTS	2,600
Europe (3)	0	1	PROGRAM ACTIVITIES	CONSULTANTS	700
Sub-Saharan Africa (4)	0	1	PROGRAM ACTIVITIES	CONSULTANTS	3,000
(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

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. ▲

3 Enter total number of other organizations or entities. ▲

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 RECIPENTS 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISER (event type)	(event type)	NONE (total number)	(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) ▶			
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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	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: _____

**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.

OMB No. 1545-0047
2013

Department of the Treasury
Internal Revenue Service
Name of the organization

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

**Open to Public
Inspection**

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.

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
4 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	95-4116879	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 Colorado Anti-Violence Program at Colorado Nonprofit Development Center	901 Mission Street, Suite 105, San Francisco, CA 94103	45-5026246	501(c)(3)	5,404	General Support
12 E/La Para Translatinas c/o Lavender Youth Recreation and Information Center	789 Sherman Street, Suite 250, Denver, CO 80203	84-1493585	501(c)(3)	10,000	General Support
13 Familia Trans Queer Liberation Movement (Familia TQLM) c/o Mexican American Legal Defense and Educational Fund	127 Collingwood Street, San Francisco, CA 94114	94-3227296	501(c)(3)	15,000	General Support
14 Freedom, Inc.	634 S. Spring Street, 11th Floor, Los Angeles, CA 90014	74-1563270	501(c)(3)	15,000	General Support
15 Funders for Lesbian and Gay Issues, Inc. dba Funders for LGBTQ Issues	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 Gay and Lesbian Victory Institute c/o Gay and Lesbian Leadership Institute	116 East 16th Street, 7th Floor, New York, NY 10003	13-4144494	501(c)(3)	2,500	2014 Institutional Membership
18 Gay-Straight Alliance Network	1133 15th Street NW, Suite 350, Washington, DC 20010	52-1835268	501(c)(3)	236,897	Global LGBT Human Rights Partnership
19 Gender Expansion Project (GEP) c/o Western Montana Community Center	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 Justice Los Angeles	127 N. Higgins Avenue, Suite 202, Missoula, MT 59802	81-0537207	501(c)(3)	10,000	General Support
21 Immigrant Youth Coalition (IYC) c/o National Day Laborer Organizing Network (NDLON)	6815 W. Willowhwy Ave, Ste 203, Los Angeles, CA 90038	43-1958548	501(c)(3)	10,161	General Support
22 International Gay and Lesbian Human Rights Commission (IGLHRC)	675 S. Park View Street, Los Angeles, CA 90057	20-8802586	501(c)(3)	15,000	General Support
23 Juvenile Justice Project of Louisiana	80 Maiden Lane, Suite 1505, New York, NY 10038	94-3139952	501(c)(3)	27,142	General Support
24 Missouri GSA Network c/o LGBT Center of St. Louis	1600 Oretha Castley Haley Blvd, New Orleans, LA 70113	72-1403026	501(c)(3)	90,000	Safe Schools Coalition and Certification Protocol
25 National Center for Lesbian Rights	4337 Manchester Avenue, St. Louis, MO 63110	20-2991421	501(c)(3)	10,000	General Support
26 New Orleans Workers' Center for Racial Justice	870 Market Street, Suite 370, San Francisco, CA 94102	94-3086885	501(c)(3)	8,405	General Support
27 Nollie Jenkins Family Center, Inc.	217 N. Prieur Street, New Orleans, LA 70112	33-1167415	501(c)(3)	150,000	From Vice to Ice Campaign
28 PFLAG Portland Black Chapter	P.O. Box 276, Lexington, MS 39095	64-0847867	501(c)(3)	90,000	LGBTQ Cultural Competency Curriculum for Local Organizers
29 Power Inside c/o Fusion Partnerships, Inc.	P.O. Box 6743, Portland, OR 97228	93-0848543	501(c)(3)	10,000	General Support
30 Project South	1601 Guilford Avenue, 2 South, Baltimore, MD 21202	52-2148413	501(c)(3)	10,000	General Support
31 Providence Youth Student Movement (PRYSM)	9 Gammon Avenue, Atlanta, GA 30315	58-1956686	501(c)(3)	150,000	Unit to Fight Organizing Drive
32 Racial Justice Action Center c/o Movement Strategy Center	689 Elmwood Ave, Ste B-7, Box 19, Providence, RI 02907	65-1224536	501(c)(3)	10,161	General Support
33 Southeast Immigrant Rights Network (SEIRN) c/o Tennessee Immigrant and Refugee Rights Coalition (TIIRC)	436 14th Street, 5th Floor, Oakland, CA 94612	20-1037643	501(c)(3)	150,000	SNAP Coalition
34 Southemers on New Ground	446 Metroplex Drive, Bldg A, Suite 224, Nashville, TN 37211	13-3442022	501(c)(3)	15,000	General Support
35 Trans Youth Support Network (TYSN) c/o aMaze	250 Georgia Avenue, Suite 201, Atlanta, GA 30312	61-1274170	501(c)(3)	15,000	General Support
36 Transgender, Gender Variant and Intersex Justice Project c/o Justice Now	P.O. Box 19578, Minneapolis, MN 55419	41-1972162	501(c)(3)	10,000	General Support
37 Williams Institute c/o The Regents of the University of California (UCLA)	1322 Webster Street, Suite 210, Oakland, CA 94612	42-1559699	501(c)(3)	25,000	General Support
	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
1a		
1b	N/A	
2	N/A	
3		
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				
1	JENNIFER BOBALOTTA EXECUTIVE DIRECTOR	(i) 149,890 (ii) 0	0 0	0 0	2,204 0	22,280 0	174,374 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)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization The Astraea Lesbian Foundation for Justice, Inc.	Employer identification number 13-2992977
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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	
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		Yes	No
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?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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**

Name of the organization

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)

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.	Employer identification number (EIN) or 13-2992977
	Number, street, and room or suite no. If a P.O. box, see instructions. 116 EAST 16TH STREET, 7TH FLOOR	Social security number (SSN)
	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 *Winnie Tom Ho, Jr.* Title CPAS Date 1/13/2015