Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 7/1/2004 , and ending 6/30/2005

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC

Number and street (or P O box if mail is not delivered to street address): 116 EAST 16TH STREET, 7TH FLOOR — Room/suite:

City or town: NEW YORK — State or country: NY — ZIP + 4: 10003

D Employer identification number: 13-2992977

E Telephone number: (212) 529 - 8021

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ WWW ASTRAEA.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,884,898

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	4,056,646		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ 3,896,738 noncash $ 159,908)			1d	4,056,646
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	143,744
	3	Membership dues and assessments			3	0
	4	Interest on savings and temporary cash investments			4	8,246
	5	Dividends and interest from securities			5	80,211
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	0
	7	Other investment income (describe ▶)			7	0

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	3,533,922	8a	0		
b	Less: cost or other basis and sales expenses	3,503,588	8b	0		
c	Gain or (loss) (attach schedule) SCHEDULE 8	30,334	8c	0		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	30,334

Revenue	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ 86,836 of contributions reported on line 1a)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	0
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	0
	11	Other revenue (from Part VII, line 103)			11	62,129
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	4,381,310
Expenses	13	Program services (from line 44, column (B))			13	3,405,520
	14	Management and general (from line 44, column (C))			14	172,905
	15	Fundraising (from line 44, column (D))			15	288,153
	16	Payments to affiliates (attach schedule)			16	0
	17	**Total expenses** (add lines 16 and 44, column (A))			17	3,866,578
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	514,732
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,346,808
	20	Other changes in net assets or fund balances (attach explanation) SCHEDULE 2			20	-191,949
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,669,591

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

9-13

7

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) . SCHEDULE 7 (cash $ 0 noncash $ 0)	22	1,133,730	1,133,730		
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0			
25 Compensation of officers, directors, etc	25	95,969	67,178	9,597	19,194
26 Other salaries and wages	26	1,081,608	955,146	55,865	70,597
27 Pension plan contributions	27	65,672	57,118	3,607	4,947
28 Other employee benefits	28	129,741	108,988	8,750	12,003
29 Payroll taxes	29	99,948	86,245	5,778	7,925
30 Professional fundraising fees	30	0			
31 Accounting fees	31	39,032	19,907	16,247	2,878
32 Legal fees	32	0			
33 Supplies	33	27,903	24,949	837	2,117
34 Telephone	34	102,469	98,831	1,070	2,568
35 Postage and shipping	35	21,035	14,179	1,136	5,720
36 Occupancy	36	207,272	190,482	4,938	11,852
37 Equipment rental and maintenance	37	33,248	27,612	1,658	3,978
38 Printing and publications	38	65,523	26,166	913	38,444
39 Travel	39	175,664	135,230	15,679	24,755
40 Conferences, conventions, and meetings	40	45,686	40,715	3,067	1,904
41 Interest	41	0			
42 Depreciation, depletion, etc (attach schedule) SCHEDULE 4	42	17,415	14,454	871	2,090
43 Other expenses not covered above (itemize) a SCHEDULE 3	43a	524,663	404,590	42,892	77,181
b	43b	0			
c	43c	0			
d	43d	0			
e	43e	0			
f	43f	0			
44 **Total functional expenses** (add lines 22 through 43) ***Organizations completing columns (B)-(D), carry these totals to lines 13—15***	44	3,866,578	3,405,520	172,905	288,153

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 0, (ii) the amount allocated to Program services $ ______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a SEE SCHEDULE 5 (Grants and allocations $ 1,133,730)	3,405,520
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,405,520

Part IV Balance Sheets (See page 25 of the instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		140,147	45	579,456
	46	Savings and temporary cash investments		755,882	46	404,043
	47 a	Accounts receivable	47a 3,361			
	b	Less: allowance for doubtful accounts	47b 0	0	47c	3,361
	48 a	Pledges receivable	48a 477,942			
	b	Less: allowance for doubtful accounts	48b 0	606,429	48c	477,942
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		51,945	53	13,133
	54	Investments—securities (attach schedule) SCH 9 ▶ ☐ Cost ☒ FMV		2,971,181	54	3,862,371
	55 a	Investments—land, buildings, and equipment basis	55a 0			
	b	Less. accumulated depreciation (attach schedule)	55b 0	0	55c	0
	56	Investments—other (attach schedule)		0	56	0
	57 a	Land, buildings, and equipment basis	57a 185,965			
	b	Less: accumulated depreciation (attach schedule) SCHEDULE 4	57b 167,648	21,109	57c	18,317
	58	Other assets (describe ▶ SECURITY DEPOSITS)		23,828	58	23,018
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		4,570,521	59	5,381,641
Liabilities	60	Accounts payable and accrued expenses		147,950	60	114,247
	61	Grants payable		535,000	61	788,950
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe ▶ AGENCY FUNDS PAYABLE)		540,763	65	808,853
	66	**Total liabilities** (add lines 60 through 65)		1,223,713	66	1,712,050
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		-199,849	67	-114,753
	68	Temporarily restricted		631,372	68	735,299
	69	Permanently restricted		2,915,285	69	3,049,045
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)		3,346,808	73	3,669,591
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		4,570,521	74	5,381,641

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	2,505,971
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ 76,141		
(2)	Donated services and use of facilities $ 464		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $ / $		
	Add amounts on lines (1) through (4) ▶	b	76,605
c	Line a minus line b ▶	c	2,429,366
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): SPONSORED $ / PROJECT INCOME $ 1,951,944		
	Add amounts on lines (1) and (2) ▶	d	1,951,944
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,381,310

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	2,183,188
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $ 464		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $ / $		
	Add amounts on lines (1) through (4) ▶	b	464
c	Line a minus line b ▶	c	2,182,724
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): SPONSORED $ / PROJECT EXPENSES $ 1,683,854		
	Add amounts on lines (1) and (2) ▶	d	1,683,854
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	3,866,578

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name KATHERINE ACEY Str 116 E. 16TH ST 7/F City NEW YORK ST NY ZIP 10003	Title EXECUTIVE DIRECTOR Hr/WK 40	95,969	9,557	0
Name SEE SCH 10 Str FOR OTHER NON- City COMPENSATED ST ZIP	Title Hr/WK	0	0	0
Name DIRECTORS Str City ST ZIP	Title Hr/WK	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt or ☐ nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 464			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter: a Gross income from members or shareholders 87a 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.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A

90 a List the states with which a copy of this return is filed ▶ NEW YORK

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 24

91 The books are in care of ▶ Name ASTRAEA LESBIAN FOUNDATION FOR JUSTICE Telephone no ▶ (212) 529 - 8021

Located at ▶ 116 EAST 16TH ST , 7TH FL City NEW YORK ST NY ZIP + 4 ▶ 10003

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***— Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue.					
a ADMINISTRATIVE FEES					143,744
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	8,246	
96 Dividends and interest from securities			14	80,211	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	30,334	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a RENTAL INCOME					36,961
b MISCELLANEOUS INCOME					24,199
c MERCHANDISE SALES					969
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		118,791	205,873
105 Total (add line 104, columns (B), (D), and (E))				▶	324,664

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93(a)	FEES FOR PROCESSING GRANT APPLICATIONS AND FISCAL SPONSORSHIP
103(a)-(c)	OTHER INCOME USED TO SUPPORT TAX EXEMPT ACTIVITIES OF THE ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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

▶ Signature of officer — Date 12/30/2005

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 10/7/2005	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	WINNIE TAM & CO., P.C	EIN ▶ 13-3777972	
	50 BROAD STREET, SUITE 1701, NEW YORK, NY 10004	Phone no ▶ (212) 785 - 4600	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization: THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Employer identification number: 13-2992977

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name EVAN WOLFSON Str 116 EAST 16TH STREET, 7TH FLOOR City NEW YORK ST NY Zip 10003 Country	Title EXEC DIRECTOR OF THE FREEDOM TO MARRY PROJECT Avg hr/wk 40	132,248	13,004	0
Name HARRY KNOX Str 116 EAST 16TH STREET, 7TH FLOOR City NEW YORK ST NY Zip 10003 Country	Title PROGRAM DIRECTOR OF THE FREEDOM TO MARRY PROJECT Avg hr/wk 40	81,743	8,209	0
Name SONYA SHIELDS Str 116 EAST 16TH STREET, 7TH FLOOR City NEW YORK ST NY Zip 10003 Country	Title DIRECTOR OF DEVELOPMENT Avg hr/wk 40	78,946	3,096	0
Name CHARLES IGNACIO Str 116 EAST 16TH STREET, 7TH FLOOR City NEW YORK ST NY Zip 10003 Country	Title DEPUTY DIRECT Avg hr/wk 40	66,624	1,623	0
Name LISBETH MELENDEZ Str 116 EAST 16TH STREET, 7TH FLOOR City NEW YORK ST NY Zip Country	Title MOBILIZATION COORDINATOR Avg hr/wk 40	66,330	0	0
Total number of other employees paid over $50,000 ▶	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
Name NONE Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Total number of others receiving over $50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SCHEDULE 6	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ________ City ________ ST ________ Country ________

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

	Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,556,419	3,435,060	2,416,396	3,531,452	11,939,327
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	85,488	35,950	29,333	48,093	198,864
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	263,395	-281,178	-20,319	90,196	52,094
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	43,710	36,643	37,142	36,671	154,166
23	Total of lines 15 through 22	2,949,012	3,226,475	2,462,552	3,706,412	12,344,451
24	Line 23 minus line 17	2,863,524	3,190,525	2,433,219	3,658,319	12,145,587
25	Enter 1% of line 23	29,490	32,265	24,626	37,064	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 242,912

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 2,372,932

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 12,145,587

d Add Amounts from column (e) for lines 18 52,094 19 0 22 154,166 26b 2,372,932 ▶ **26d** 2,579,192

e Public support (line 26c minus line 26d total) ▶ **26e** 9,566,395

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 78 76%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2003) ____ (2002) ____ (2001) ____ (2000) ____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2003) ____ (2002) ____ (2001) ____ (2000) ____

c Add Amounts from column (e) for lines 15 0 16 0 17 0 20 0 21 0 ▶ **27c** 0

d Add Line 27a total 0 and line 27b total 0 ▶ **27d** 0

e Public support (line 27c total minus line 27d total) ▶ **27e** 0

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f** 0

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 0 00%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0 00%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38	0	0
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	0
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	41	0	0
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0	0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0	0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of.			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.
EIN: 13-2992977
FYE 6/30/05

Special Events
(Form 990, Part I, Line 9)

Fundraising & Program Events.

Gross receipts	86,836
Less: Contributions	(86,836)
Gross revenue	0

Description of Event:
House Parties. Outreach, networking, consciousness raising and issues education, organization visibility

SCHEDULE 1

Other Changes in Net Assets
(Form 990, Part I, line 20)

(1) Change in net assets restricted for the Freedom to Marry project	(262,272)
(2) Change in net assets restricted for the National Black Justice Coalition	(5,818)
(2) Net unrealized gain on investments for the year ended June 30, 2005	76,141
	(191,949)

SCHEDULE 2

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC
EIN 13-2992977
FYE 6/30/05

Statement of Functional Expenses
(Form 990, Part II, Line 43)

Descriptions	Total	Programs	Adm /Gen	Fundraising
Professional and consultant fees	212,933	139,790	39,927	33,216
Dues, fees and subscriptions	7,705	7,022	201	482
Insurance	5,187	4,513	198	476
Publicity and advertising	67,411	66,086		1,325
Research and polling	18,765	18,765		
Staff recruitment and training	5,682	5,358	324	
Administrative fees	142,759	142,759		
Event expenses	45,506	5,186		40,320
Miscellaneous expenses	18,715	15,111	2,242	1,362
	524,663	404,590	42,892	77,181

SCHEDULE 3

Fixed Assets and Depreciation
(Form 990, Part II, Line 42)

Categories	Basis / Costs	Method / Years	Acc Deprec Beg of Year	Deprec 6/30/05	Acc Deprec End of Year	Book Value 6/30/05
Furniture and fixtures	33,844	S L 5 yrs	31,229	1,006	32,235	1,609
Office equipment	122,887	S L 5 yrs	92,968	13,211	106,179	16,708
Leasehold improvement	29,234	S L 5 yrs	26,036	3,198	29,234	0
	185,965		150,233	17,415	167,648	18,317

SCHEDULE 4

The Astraea Lesbian Foundation for Justice, Inc.
EIN: 13-2992977
FYE 6/30/05

Statement of Program Accomplishments
(Form 990, Part III)

Programs provided by Astraea include the following:

Membership Program
To strengthen the investment and involvement of supporters in Astraea's work; and to help build financial support for the ongoing work of the Foundation.

Member Services
To build a constituency of informed, activist donors advocating to eliminate all forms of oppression based on sexual orientation, race, age, physical and mental ability, etc.

Educational Programs
Smart Women/Smart Money/Wealth and Activism Retreat - Activities included roundtable discussion for specific constituencies such as women of color and women of wealth; seminars on topics including women, relationships and money, how to create a personal giving plan, estate planning, investing; and keynote presentation on topical issues.

Lesbian Visual Arts Project - To promote awareness and bring visibility to contemporary lesbian art and artists.

Grants Programs
General - Provides grants to organizations that directly address issues related to or serving lesbians. An annual Lynn Campbell Memorial Fund grant is designated through this general grants program to an activist organization working around issues of community empowerment and leadership development.

International Fund for Sexual Minorities - Provides grants to organizations in other countries working to meet the needs of people oppressed or discriminated against because of their sexual identity and behaviors.

Donor-Advised Grant Programs
Donor-advised funds are accounts that allow individuals to direct charitable gifts toward specific areas of interest or concerns that are consistent with Astraea's mission.

Technical Assistance and Training
To provide new and small grassroots groups technical assistance and training on issues of fundraising, board development and building multicultural organizations.

The Astraea Lesbian Foundation for Justice, Inc.
EIN: 13-2992977
FYE 6/30/05

GRANTS ELIGIBILITY PROCESS
(Form 990, Schedule A, Part III, item 3a)

All potential grantees must complete a grant application including a history and a description of their work, the issues they are addressing, the populations they work with and detailed financial information. Applications are reviewed by staff and committees of community representatives who make grant recommendations which get approved by the Board of Directors. All organizations receiving grant monies are required to sign a grant agreement that funds will be used for charitable purposes and submit a report detailing how the monies were expended.

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.
EIN: 13-2992977
FYE 6/30/05

Grants
(Form 990, Part II, Line 22)

	Schedule	Amount
U.S. Panel Grants	7.1-7 4	220,000
U.S. Interim & Emergency Grants	7 5-7.6	15,500
U.S. Philanthropic Grants	7 7	7,250
U S. Donor Advised Grants	7.8	20,000
U.S. Donor Advised Grants	7.9	11,750
U.S. Donor Advised Grants	7.10	13,000
U.S. Donor Advised Grants	7.11	5,700
International Donor Advised Grants	7.12	10,000
International Donor Advised Grants	7.13	10,000
U.S. Donor Advised Grants	7.14	16,105
U.S. Donor Advised Grants	7.15	19,000
International Panel Grants	7.16-7 19	200,000
International Interim & Emergency Grants	7.20	15,000
International Philanthropic Grants	7.21	3,000
International Collaborative Grants	7 22	10,000
International Donor Advised Grants	7.23	28,000
International Social Change Opportunity Fund	7.24	220,000
U S. Interim & Emergency Grants	7.25	4,675
International Interim & Emergency Grants	7.26	1,000
Margot Karle Scholarship	7.27	1,000
Lesbian Visual Arts Fund	7 28	5,000
Freedom to Marry	7.29-7.30	298,750
Cancelled donor advised grant - Lambda Legal Defense and Education Fund FY01-02		(1,000)
		1,133,730

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC
EIN 13-2992977
FYE 6/30/05

Gains / loss from Sales of Securities
(Form 990, Part I, Line 8)

Publicly Traded Securities	Sales Proceeds	Costs	Gains / (loss)
Mutual funds	1,894,744	1873904	20,840
Equity Securities	1,256,530	1,219,708	36,822
Corporate Debt Securities	307,648	332,328	(24,680)
U.S.Government Obligations	75,000	77,648	(2,648)
	3,533,922	3,503,588	30,334

SCHEDULE 8

Investment Securities
(Form 990, Part IV, Line 54)

Publicly Traded Securities	Inventory at Beg of period Fair Market Value	Inventory at End of period Fair Market Value
Certificates od deposits		374,254
Mutual funds	1,250,861	1,130,904
Equity Securities	1,474,985	2,125,406
Corporate Debt Securities	160,133	150,464
U S.Government Obligations	85,202	81,343
	2,971,181	3,862,371

SCHEDULE 9

Board of Directors

Preferred contact address for all Board Members
c/o The Astraea Lesbian Foundation for Justice, Inc.
116 East 16th Street, 7th Floor
New York, NY 10003

Name	Professional Affiliation
OFFICERS:	
Brenda Funches, Chair Los Angeles, CA	Educator, Retired
Kimberly Aceves, Secretary San Francisco, CA	Executive Director Youth Together
Victoria Watkins, Treasurer New York, NY	Energy Analyst Pira Energy Group
Members:	
Marion Banzhaf New York, NY	Director Sonya Staff Foundation
Stephanie Blackwood New York, NY	Founder/Owner Double Platinum, Inc.
Samira Ibrahim Brooklyn, NY	Graduate Student New York University
Alice Hom Los Angeles, CA	Dir. Intercultural Community Ctr. Occidental College
Toni Lester Boston, MA	Writer/Academic
Rebecca Rolfe San Francisco, CA	Deputy Executive Director San Francisco Lesbian, Gay, Bisexual and Transgender Community Center
Joy Rucker Oakland, CA	HIV/AIDS Advocacy, Consultant
Sandra Robinson Bethesda, MD	Graduate Student Howard University

ENVELOPE POSTMARK DATE JAN 3 1 2006

● 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—Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	The Astraea Lesbian Foundation for Justice, Inc.	13-2992977
	Number, street, and room or suite no If a P O box, see instructions	For IRS use only
	116 East 16th Street, 7th Floor	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	New York, NY 10003	

Check type of return to be filed (File a separate application for each return)

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (sec 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

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 5/15/2006

5 For calendar year _____, or other tax year beginning 7/1/2004 and ending 6/30/2005

6 If this tax year 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 ADDITIONAL TIME REQUIRED TO COMPILE DATA NECESSARY FOR AN ACCURATE AND COMPLETE RETURN

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . $ 0

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ 0

RECEIVED FEB 1 3 2006 OGDEN, UT

Signature and Verification

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 Tam & Co, P.C. Title ▶ CPAS Date ▶ 1/31/2006

Notice to Applicant—To Be Completed by the IRS

- [X] We **have** approved this application Please attach this form to the organization's return
- [ ] We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- [ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- [ ] We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- [ ] Other

Director By Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	
	Name
	WINNIE TAM & CO., P C
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	50 BROAD STREET, SUITE 1701
	City or town, province or state, and country (including postal or ZIP code)
	NEW YORK, NY 10004