

# Return of Organization Exempt From Income Tax

## 2005

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning 7/1/2005, and ending 6/30/2006

- 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	<b>C</b> Name of organization <b>THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.</b>		<b>D</b> Employer identification number 13-2992977
	Number and street (or P O box if mail is not delivered to street address) Room/suite 116 EAST 16TH STREET, 7TH FLOOR		<b>E</b> Telephone number (212) 529 - 8021
	City or town NEW YORK	State or country NY	ZIP + 4 10003
			<b>F</b> Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

**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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**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 ▶

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,902,076

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received.				
	<b>a</b> Direct public support	<b>1a</b>	4,656,682		
	<b>b</b> Indirect public support	<b>1b</b>	0		
	<b>c</b> Government contributions (grants)	<b>1c</b>	0		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>4,544,842</u> noncash \$ <u>111,840</u> )	<b>1d</b>		4,656,682	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		188,025	
	<b>3</b> Membership dues and assessments	<b>3</b>		0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		26,671	
	<b>5</b> Dividends and interest from securities	<b>5</b>		118,239	
	<b>a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>		0		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	2,878,669	<b>8a</b>	0		
	2,799,601	<b>8b</b>	0		
	79,068	<b>8c</b>	0		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		79,068		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <u>47,264</u> of contributions reported on line 1a)	<b>9a</b>	0		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	0		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0			
	<b>b</b> Less cost of goods sold	<b>10b</b>	0		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		33,790		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		5,102,475		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	4,573,350		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	199,246		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	306,472		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	0		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		5,079,068	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		23,407	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		3,669,591	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SCHEDULE 2	<b>20</b>		373,137	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		4,066,135	

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**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 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 \$ 1,774,702 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22	1,774,702	1,774,702	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	96,121	67,285	9,612
26	Other salaries and wages	26	1,293,237	1,160,044	67,320
27	Pension plan contributions	27	91,613	78,281	6,330
28	Other employee benefits	28	171,822	147,203	11,689
29	Payroll taxes	29	117,981	103,214	7,012
30	Professional fundraising fees	30	0		
31	Accounting fees	31	20,500	7,055	12,425
32	Legal fees	32	2,792	2,792	
33	Supplies	33	44,612	40,154	882
34	Telephone	34	103,423	99,614	1,120
35	Postage and shipping	35	33,121	28,727	1,379
36	Occupancy	36	262,656	241,034	6,359
37	Equipment rental and maintenance	37	36,665	30,448	1,829
38	Printing and publications	38	112,526	91,503	
39	Travel	39	232,929	212,803	778
40	Conferences, conventions, and meetings	40	13,952	12,628	207
41	Interest	41	0		
42	Depreciation, depletion, etc (attach schedule) SCHEDULE 4	42	13,607	11,294	680
43	Other expenses not covered above (itemize)				
a	SCHEDULE 3	43a	656,809	464,569	71,624
b	-----	43b	0	0	0
c	-----	43c	0	0	0
d	-----	43d	0	0	0
e	-----	43e	0	0	0
f	-----	43f	0	0	0
g	-----	43g	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,079,068	4,573,350	199,246

**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 IV Balance Sheets** (See 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	579,456	45	380,590
	46	Savings and temporary cash investments	404,043	46	610,873
	47 a	Accounts receivable	47a 4,507		
	b	Less allowance for doubtful accounts	47b 0	3,361	47c 4,507
	48 a	Pledges receivable	48a 200,855		
	b	Less allowance for doubtful accounts	48b 0	477,942	48c 200,855
	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		13,133	53 17,504
	54	Investments—securities (attach schedule) SCH. 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,862,371	54 4,562,193
	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 58,954			
b	Less: accumulated depreciation (attach schedule) SCHEDULE 4	57b 26,997	18,317	57c 31,957	
58	Other assets (describe <input type="checkbox"/> SCHEDULE 10 )		23,018	58 127,378	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		5,381,641	59 5,935,857	
Liabilities	60	Accounts payable and accrued expenses	114,247	60	154,413
	61	Grants payable	788,950	61	1,089,250
	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 <input type="checkbox"/> SCHEDULE 11 )		808,853	65 626,059	
66	<b>Total liabilities.</b> Add lines 60 through 65		1,712,050	66 1,869,722	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	-114,753	67	-111,294
	68	Temporarily restricted	735,299	68	1,127,628
	69	Permanently restricted	3,049,045	69	3,049,801
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		3,669,591	73 4,066,135	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		5,381,641	74 5,935,857	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	3,160,528
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b> 97,953		
2	Donated services and use of facilities	<b>b2</b> 14,905		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b> 0		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	112,858
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	3,047,670
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): SPONSORED PROJECT INCOME	<b>d2</b> 2,054,805		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	2,054,805
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,102,475

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	2,763,984
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b> 14,905		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b> 0		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	14,905
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,749,079
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): SPONSORED PROJECT EXPENSES	<b>d2</b> 2,329,989		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	2,329,989
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	5,079,068

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Name KATHERINE ACEY Str 116 E. 16TH ST 7/FL City NEW YORK ST NY ZIP 10003	Title EXECUTIVE Hr/WK DIRECTOR 40	96,121	10,298	0
Name SEE SCHEDULE 12 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			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Rows for Name, City, Str, ST, ZIP.

Part VI Other Information (See the instructions)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization engage in any activity not previously reported to the IRS? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)		Yes	No
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?	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 14,905		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. 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	
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		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		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 NY		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	26
91 a	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		
b	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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c	X
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 the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADMINISTRATIVE FEES					188,025
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	26,671	
96 Dividends and interest from securities			14	118,239	
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	79,068	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a RENTAL INCOME					29,684
b MISCELLANEOUS INCOME					4,106
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		223,978	221,815
105 Total (add line 104, columns (B), (D), and (E))					445,793

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 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)-(b)	OTHER INCOME USED TO SUPPORT TAX EXEMPT ACTIVITIES OF THE ORGANIZATION

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

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

**Please Sign Here**

Signature of officer: Katherine J. Acey Date: 5/10/07

Type or print name and title: Katherine Acey Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Winnie Tam Date: 10/6/2006 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WINNIE TAM & CO., P.C. 50 BROAD STREET, SUITE 1701, NEW YORK, NY 10004 Preparer's SSN or PTIN (See Gen Inst W): 13-3777972

EIN: 13-3777972 Phone no: (212) 785 - 4600



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

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

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
EVAN WOLFSON, 116 E 16TH STREET, 7/FL NEW YORK, NY 10003	EXEC. DIRECTOR OF FTM PROJECT 40	140,657	13,944	0
HENRY ROBINSON, 116 E 16TH STREET, 7/FL NEW YORK, NY 10003	EXEC. DIRECTOR OF NBJC PROJECT 40	84,101	2,125	0
SAMIYA BASHIR, 116 E 16TH STREET, 7/FL NEW YORK, NY 10003	DIRECTOR OF COMMUNICATIONS 40	76,523	3,026	0
CHARLES IGNACIO, 116 E 16TH STREET, 7/FL NEW YORK, NY 10003	DEPUTY DIRECTOR OF FTM PROJECT 40	72,383	7,400	0
JOO-HYUN KANG, 116 E 16TH STREET, 7/FL NEW YORK, NY 10003	DIRECTOR OF PROGRAMS 40	70,520	6,901	0
Total number of other employees paid over \$50,000 ▶	5			

**Part II-A 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
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)  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.		X
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <span style="float: right;">FORM 990, PART V</span>	X	
e	Transfer of any part of its income or assets?		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	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,185,133	2,556,419	3,435,060	2,416,396	12,593,008	
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	143,744	85,488	35,950	29,333	294,515	
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	118,791	263,395	-281,178	-20,319	80,689	
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	62,129	43,710	36,643	37,142	179,624	
23 Total of lines 15 through 22	4,509,797	2,949,012	3,226,475	2,462,552	13,147,836	
24 Line 23 minus line 17	4,366,053	2,863,524	3,190,525	2,433,219	12,853,321	
25 Enter 1% of line 23	45,098	29,490	32,265	24,626		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	257,066
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	2,338,194
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c	12,853,321
d Add: Amounts from column (e) for lines	18	80,689	19	0	26d	2,598,507
	22	179,624	26b	2,338,194	26e	10,254,814
e Public support (line 26c minus line 26d total)					26e	10,254,814
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	79.78%
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:					
	(2004)	(2003)	(2002)	(2001)		
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 11b, 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	(2004)	(2003)	(2002)	(2001)		
c Add: Amounts from column (e) for lines	15	0	16	0	27c	0
	17	0	20	0	27d	0
d Add Line 27a total	0		and line 27b total	0	27e	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 2001 through 2004, 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?		
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?		
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? 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?  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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?  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?		
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		
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		

**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
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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



THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC  
EIN: 13-2992977  
FYE 6/30/06

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**Special Events**

(Form 990, Part I, Line 9)

Gross Receipts	47,264
Less: Contributions	<u>(47,264)</u>
Gross Revenue	<u><u>0</u></u>

**Description of Event:**

House Parties. Outreach, networking, consciousness raising and issues education, organization visibility

**SCHEDULE 1**

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**Other Changes in Net Assets**

(Form 990, Part I, line 20)

(1) Change in net assets restricted for Freedom to Marry	97,358
(2) Change in net assets restricted for National Black Justice Coalition	177,826
(2) Net unrealized gain on investments for the year ended June 30, 2006	<u>97,953</u>
	<u><u>373,137</u></u>

**SCHEDULE 2**

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

EIN 13-2992977

FYE 6/30/06

**Statement of Functional Expenses**

(Form 990, Part II, Line 43)

<u>Descriptions</u>	<u>Total</u>	<u>Programs</u>	<u>Adm /Gen.</u>	<u>Fundraising</u>
Consultants	281,960	112,458	65,102	104,400
Other professional fees	6,543	5,430	327	786
Sponsorship	28,714	28,714		
Dues, fees and subscriptions	8,693	8,441	74	178
Insurance	5,878	4,177	206	1,495
Publicity and advertising	22,932	22,232		700
Research and polling	250	250		
Staff recruitment and training	4,978	1,085	3,555	338
Administrative fees	187,424	187,424		
Event expenses	77,164	65,286		11,878
Program expenses	10,412	10,412		
Miscellaneous expenses	21,861	18,660	2,360	841
	<u>656,809</u>	<u>464,569</u>	<u>71,624</u>	<u>120,616</u>

SCHEDULE 3

**Fixed Assets and Depreciation**

(Form 990, Part II, Line 42)

<u>Categories</u>	<u>Basis / Costs</u>	<u>Method / Years</u>	<u>Acc. Deprec. Beg. of Year</u>	<u>Deprec. 6/30/06</u>	<u>Acc. Deprec. End of Year</u>	<u>Book Value 6/30/06</u>
Furniture and fixtures	1,788	S L 5 yrs	179	358	537	1,251
Office equipment	57,166	S L 5 yrs	13,211	13,249	26,460	30,706
	<u>58,954</u>		<u>13,390</u>	<u>13,607</u>	<u>26,997</u>	<u>31,957</u>

SCHEDULE 4



**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 6/30/06

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**Grants Eligibility Process**

(Form 990, Schedule A, Part III, Line 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.

**SCHEDULE 6**

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**Grants**

(Form 990, Part II, Line 22)

	<u>Schedule</u>	<u>Amount</u>
U.S. Donor Advised Grants	7.1	251,900
International Panel Grants	7.1-7.2	221,000
International Interim & Emergency Grants	7.2	41,551
International Philanthropic Grants	7.2	2,000
International Collaborative Grants	7.2	25,000
U.S. Collaborative Grants	7.2-7.3	15,250
International Donor Advised Grant	7.3	15,000
U.S. Philanthropic Grants	7.3	5,000
U.S. Panel Grants	7.3	175,000
U.S. Fund Resource Movement Building	7.3	178,000
Social Change Opportunity Fund	7.3	357,000
Visual Arts	7.4	7,500
Lesbian Writer's Fund	7.4	31,100
Margot Karle Scholarship Fund	7.4	1,000
Freedom to Marry	7.5	448,401
		<u>1,774,702</u>

**SCHEDULE 7**

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

EIN: 13-2992977

FYE 6/30/06

**Gains / Loss from Sales of Securities**

(Form 990, Part I, Line 8)

<u>Publicly Traded Securities</u>	<u>Sales Proceeds</u>	<u>Costs</u>	<u>Gains / (loss)</u>
Mutual funds	768,571	776,294	(7,723)
Equity securities	1,760,098	1,673,289	86,809
Certificates of deposits	350,000	350,018	(18)
<b>Total</b>	<b>2,878,669</b>	<b>2,799,601</b>	<b>79,068</b>

**SCHEDULE 8**

**Investment Securities**

(Form 990, Part IV, Line 54)

<u>Publicly Traded Securities</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Certificates of deposits	374,254	272,762
Mutual funds	1,130,904	1,880,356
Equity securities	2,125,406	1,940,421
Corporate debt securities	150,464	418,035
U.S.government obligations	81,343	50,619
<b>Total</b>	<b>3,862,371</b>	<b>4,562,193</b>

**SCHEDULE 9**

**Other Assets**

(Form 990, Part IV, Line 58)

	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposits	23,018	35,838
Agency funds receivable		91,540
<b>Total</b>	<b>23,018</b>	<b>127,378</b>

**SCHEDULE 10**

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

EIN: 13-2992977

FYE 6/30/06

**Other Liabilities**

(Form 990, Part IV, Line 65)

	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposit payable		850
Agency funds payable	<u>808,853</u>	<u>625,209</u>
<b>Total</b>	<u><u>808,853</u></u>	<u><u>626,059</u></u>

**SCHEDULE 11**

**BOARD OF DIRECTORS**

Katherine Acey  
116 East 16th Street, 7th Floor  
New York, NY 10003

Alice Y. Hom  
116 East 16th Street, 7th Floor  
New York, NY 10003

Kimberly Aceves  
116 East 16th Street, 7th Floor  
New York, NY 10003

Ileana Jimenez  
116 East 16th Street, 7th Floor  
New York, NY 10003

Marion Banzhaf  
116 East 16th Street, 7th Floor  
New York, NY 10003

Toni Lester  
116 East 16th Street, 7th Floor  
New York, NY 10003

Stephanie Blackwood  
116 East 16th Street, 7th Floor  
New York, NY 10003

Rebecca Rolfe  
116 East 16th Street, 7th Floor  
New York, NY 10003

Brenda Funches  
116 East 16th Street, 7th Floor  
New York, NY 10003

Robin Rosenbluth  
116 East 16th Street, 7th Floor  
New York, NY 10003

Meg Hickman  
116 East 16th Street, 7th Floor  
New York, NY 10003

Joy Rucker  
116 East 16th Street, 7th Floor  
New York, NY 10003

**SCHEDULE 12**

- 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  File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	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)

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

**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 Lesbian Foundation for Justice, Inc.**  
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 **5/15/2007**
- 5 For calendar year , or other tax year beginning **7/1/2005** and ending **6/30/2006**
- 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**

**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 **1/31/2007**

**Notice to Applicant—To Be Completed by the IRS**

- 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