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

2010
Open to Public Inspection

OMB No. 1545-0047

	<i>[</i>	J cale	endar year, or tax year beginni			and ending	6/30	/2011	spection
	100	ange	Doing Business As	ASTRAEA LESBIAN FOUND	ATION FOR	JUSTICE, INC.	∀ 1	identification n	umber
/				mail is not delivered to street address)	To		13-2992977		
/	J chang	-			Room/suite		E Telephone	number	
	.itial return		116 EAST 16TH STREET, 7				(212) 529-80	021	
-	Terminated		City or town, state or country, and						
=	Amended re		NEW YORK	NY	10003		G Gross recei	ipts \$	5,882,988
□,	Application p	P. C.	F Name and address of princip	al officer:		H(a) Is this a group	return for affiliate	15?	Yes No
_			JENNIFER BOB ALOTTA			H(b) Are all affiliate	s included?		Yes No
1 1	ax-exempt	status	X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 527	If "No," attach	a list. (see instruc	ctions)	
JV	Vebsite:	> ww	W.ASTRAEA.ORG			H(c) Group exempt	ion number	_	
1500	orm of orga		X Corporation Trust	Association Other ▶	LVa			T	
_	artl	100000000000000000000000000000000000000	nmary	Association Other	Lite	ar of formation:	1979	M State of leg	gal domicile: NY
				ssion or most significant activi					
Activities & Governance	, w	ORKING	NDATION SOLELY DEDICATED TO SIDE-BY-SIDE WITH GRANTEE AN	FUNDING LGBTI ACTIVISM GLOBAL D DONOR PARTNERS TO ACHIEVE S discontinued its operations or dispo	LY. ASTRAEA SOCIAL, RACIA	HAS SERVED AS A L. ECONOMIC AND	FEMINIST-SOCIA GENDER JUSTIC	AL-JUSTICE HU	В.
9	3 N	umber o	of voting members of the gov	erning body (Part VI, line 1a) .		an Edya ar Na Hat as		3	10
es	4 N	umber o	of independent voting member	ers of the governing body (Part	VI. line 1b)			4	10
N.	5 T	otal nun	nber of individuals employed	in calendar year 2010 (Part V,	line 2a)			5	37
Act	6 T	otal nun	nber of volunteers (estimate i	f necessary)				6	37
	7a T	otal unr	elated business revenue from	Part VIII, column (C), line 12				7a	0
	b N	et unrel	ated business taxable income	from Form 990-T, line 34			the second secon	7b	0
					9.		r Year	-	urrent Year
0	8 C	ontribut	ions and grants (Part VIII, line	e 1h) , , ,			3,987,		3,839,057
nu.	9 P	rogram	service revenue (Part VIII, lin	ce revenue (Part VIII, line 2g)				971	145,557
Revenue	10 In	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					-91,		164,682
4	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						314	4,184
	12 To	otal reve	nue—add lines 8 through 11 (mu	ust equal Part VIII, column (A), line	9 12)		4,064,		4,153,480
	13 G	rants ar	nd similar amounts paid (Part	IX, column (A), lines 1-3)	5 101 H		2,077.	The Party Street, Stre	2,707,973
	14 B	enefits p	paid to or for members (Part I	X, column (A), line 4)	59 47454				0
8	15 Sa	alaries, c	ther compensation, employee b	enefits (Part IX, column (A), lines	5-10)		1,781,329		2,053,352
Expenses	16a Pr	rofessio	nal fundraising fees (Part IX,	column (A), line 11e)					0
×	b To	otal fund	draising expenses (Part IX, o	olumn (D), line 25) >	368,568			4 TARK 324	2007年12日
-	17 0	ther exp	enses (Part IX, column (A), I	ines 11a-11d, 11f-24f)			1,796,	627	1,613,419
	18 To	otal exp	enses. Add lines 13-17 (mus	t equal Part IX, column (A), lin	e 25)		5,655,	865	6,374,744
. 41	19 R	evenue	less expenses. Subtract line	18 from line 12			-1,591,	219	-2,221,264
ts or		G .6				Beginning of	Current Year	E	nd of Year
Net Assets or Fund Balances	20 To		ets (Part X, line 16)		538 8 6 3		10,313,	330	8,292,020
ind a	21 To		lities (Part X, line 26)		2 20 502		3,835,	575	1,838,630
-1	22 No		s or fund balances. Subtract	line 21 from line 20			6,477,	755	6,453,390
Par			ature Block						
under and b	r penalties o elief it is to	of perjury,	I declare that I have examined this re	eturn, including accompanying schedul rer (other than officer) is based on all i	es and stateme	nts, and to the best of	my knowledge		
Sig:	n) (s	ignature of officer	EXECUTIVE DIRECTOR			Date 5, 14 · [2	_	
		-	ype or print name and title				W	1-2-2	
De:		Print/1	ype preparer's name	Preparer's signature	10	Date			TIN
Paid		WINN	NIE TAM	Mennen	5	4/30/20	Che	The second second second	34075070
	parer's	1000	name ► WINNIE TAM & CO) PC	un	4/30/20	2,100		01275370
Use	Only						Firm's EIN ▶ 1	3-3777972	
				T, SUITE 1837, NEW YORK			Phone no. (2	212) 785-460	00
way	the IRS	discuss	this return with the preparer	shown above? (see instruction	is)			X	Yes No
	NO. 27 St. On 17 St. Of							- Leave	- female

THE PERSON NAMED IN	990 (2010)	THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.	13-2992977	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III		X
1	Briefly	describe the organization's mission:		
	ASTRAE/	A LESBIAN FOUNDATION FOR JUSTICE IS THE WORLD'S ONLY FOUNDATION SOLELY DEDICATED TO FUNDING L A HAS SERVED AS A FEMINIST-SOCIAL-JUSTICE HUB, WORKING SIDE-BY-SIDE WITH GRANTEE AND DONOR PAR ECONOMIC AND GENDER JUSTICE WORLDWIDE.	RTNERS TO ACHIEVE SO	CIAL,
2	Didaha			
2	the prio	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	Describ Section	" describe these changes on Schedule O. be the exempt purpose achievements for each of the organization's three largest program service. 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the constructions to others, the total expenses, and revenue, if any, for each program service reported.		i
4a	THE AS U.S. AN AND AL		OMIC JUSTICE IN T AMS HELP LESBIAN	IS

		•		
4b	ROADM MAJOR ORGAN PROTE IN 2011 ENTITY) (Expenses \$ 2,427,851 including grants of \$ 1,152,129) (Reve OM TO MARRY IS THE CAMPAIGN TO WIN MARRIAGE NATIONWIDE. FREEDOM TO MAR MAP TO VICTORY BY WORKING TO WIN THE FREEDOM TO MARRY IN MORE STATES, GRITY FOR MARRIAGE, AND END FEDERAL MARRIAGE DISCRIMINATION. IT PARTNERS VIZATIONS ACROSS THE COUNTRY TO END THE EXCLUSION OF SAME-SEX COUPLES FOR CTIONS, RESPONSIBILITIES, AND COMMITMENT THAT MARRIAGE BRINGS. "FREEDOM TO MARRY RECEIVED ITS TAX EXEMPT STATUS AND COMMENCED ITS OF EFFECTIVE FEBRUARY 2011. DURING THE YEAR, NET ASSETS INCLUDING RENT SECTIONS \$1,067,529 WERE TRANSFERRED TO THE ENTITY.	RRY IS PURSUING I ROW THE NATIONA WITH INDIVIDUALS / FROM MARRIAGE A PERATIONS AS A SE CURITY DEPOSIT	TS NL AND ND THE
4c	(Code:) (Expenses \$ 294,454 including grants of \$ 0) (Reve	nue \$	0)
	GOALS EFFOR AND AD	PELINE PROJECT IS A RECRUITMENT, RETENTION, AND LEADERSHIP ADVANCEMENT ARE TO PRODUCE PROGRAMS AND ENGAGE IN ACTIVITIES THAT TOGETHER REPREST TO INCREASE THE NUMBER OF PEOPLE OF COLOR WORKING WITHIN THE NATION'S DVOCACY SECTOR, AND ULTIMATELY INCREASE THE LEVEL OF DIVERSITY IN THE LEAD OVEMENT.	SENT A LONG-TERN LGBT RIGHTS, SE	M
4d	Other pr	rogram services. (Describe in Schedule O.)		
	(Expens)	
4e		rogram service expenses > 5,644,366		

	In the experiencian described in continue 504(2)(2) - 4047(2)(4) (1)	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		\ v	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	^	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	^	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X	Milder
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		x
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
b	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to live 12 or the second of the organization answered "No" to live 12 or the second of the organization answered "No" to live 12 or the second of the organization answered "No" to live 12 or the second of the organization answered "No" to live 13 or the second of the organization answered "No" to live 14 or the second of the organization and the organization an	12a	X	
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		X
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	Х	
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>x</u>
	If "Yes," complete Schedule G, Part III	10		Y
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H. If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	19 20a		X
D	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	N/A	

Part IV

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	764.785 P	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	_	N/A	^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	9504	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		N/A	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			建
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2327	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Part I	31		Х
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		×
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
36	Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	36		Х
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	^

Part V Statements FN

Check if Schedule O contains a response to any question in this Part V No 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b 3b N/A 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 4a If "Yes," enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . 5b C 5c N/A Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b N/A Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . e 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h N/A 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 9 Sponsoring organizations maintaining donor advised funds. N/A h N/A 10 Section 501(c)(7) organizations, Enter: Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A Section 501(c)(12) organizations. Enter: 11 a Gross income from other sources (Do not net amounts due or paid to other sources 11b N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a N/A Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b N/A Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b N/A

Section A. Governing Body and Management

Part VI

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

	_	
- 1	40	
- 1	v	

	A STATE OF THE STA	17		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		10		
b	Enter the number of voting members included in line 1a, above, who are independent)	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	104 N 1054 N	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	E 98 8 18	4	^	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	A 505 A 505	5		X
6	Does the organization have members or stockholders?	5 63-52-6 B 10:	6		X
7a			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	* 00 *00* 00 *00	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)			
			65	Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	1000F 10 600F 10	10b	N/A	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1000		
12a			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	x	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.		12c	x	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?	F19 81 615 W	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?	\$100 T		
a	The organization's CEO, Executive Director, or top management official.		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	. e			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				
	the organization's exempt status with respect to such arrangements?		16b	N/A	
Sect	ion C. Disclosure				55.
17	List the states with which a copy of this Form 990 is required to be filed ► NY		***********		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 available for public inspection. Indicate how you make these available. Check all that apply.)s only)		4007011	
0.00	X Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of in policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC 116 EAST 16TH STREET, 7TH FLOOR, NEW YORK, NY 10003	of the (212) 529-	8021		

orm 990 (2010)	THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.
01111 000 (2010)	THE ASTRACA LESDIAN FOUNDATION FOR JUSTICE, INC.

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Page 1

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average	age Position (check all that apply)				that a	oply)	(D) Reportable	(E) Reportable	(F) Estimated
<u>82</u>	hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) MIRIAM BARNARD BOAD DIRECTOR	1.	x						0	0	
(2) ALICE Y. HOM BOAD DIRECTOR	1.							0	0	(
(3) ILEANA JIMENEZ BOAD DIRECTOR	1.	x						0	0	(
(4) MICHELLE KWEDER TREASURER	1.	x		х				0	0	
(5) ALEX LEE BOAD DIRECTOR	1.	x						0	0	
(6) DANIEL LEE BOAD DIRECTOR	1.	x						0	0	
(7) MARY LI BOARD CHAIR	1.	x		х				0	0	
(8) MIRIAM PEREZ SECRETARY	1.	x		х				0	0	
(9) CYNTHIA ROTHSCHILD BOAD DIRECTOR	1.	x						0	0	
(10) JARRETT LUCAS BOAD DIRECTOR	1.	x						0	0	
(11) EVAN WOLFSON EXECUTIVE DIRECTOR OF FREEDOM TO MARRY	35.				х			161,785	0	23,81
(12) KATHERINE ACEY EXECUTIVE DIRECTOR	35.					x		127,749	0	7,565
(13) WESLEY SCOTT DAVENPORT MANAGING DIRECTOR OF FREEDOM TO MARRY	35.					x		113,769	0	42,12
(14) CLARENCE PATTON EXECUTIVE DIRECTOR OF PIPELINE	35.							45,767	0	6,304
(15)										
(16)										

			-	_
-	-	_		u

_ P	Section A. Officers, Directors, Tru	ustees, Key E	mplo	yee	s, a	ind	High	est	Compensated	Employees (co	ontinued)
	(A) Name and title	(B) Average	Posit	ion (C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	Name and tipe	hours per week (describe hours for related organizations in Schedule O)	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(17)											
(18)				5-4							
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)				T							
(26)											
(27)			T			T					
(28)	***************************************					T					
1b	Sub-total		-			١.		•	449,070	(79,80
С	Total from continuation sheets to Part VII, S										
d	Total (add lines 1b and 1c)							•	449,070		79,80
2	Total number of individuals (including but not li reportable compensation from the organization						ho re	ceiv	ved more than \$	100,000 in	
3	Did the organization list any former officer, diremployee on line 1a? If "Yes," complete Scheo										Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual	ater than \$150									4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y										5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ensated indep	ende	nt c	ontr	acto	ors th	at r	eceived more th	an \$100,000 of	ľ
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compensation
	NONE										
			01 /m=					-		4.0	
										-381-13	
•	Total control (Indianadae)	udina but	innit-	14-	the	00 1	otod		wal who receive	d 3960	No. of the Control of Control
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the				mos	se II	stea a	aDO	ve) who receive	o l	

	III	Statement of Revenue							
rt V	がのの					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2 1		Federated campaigns	And the second second second	a	1,990				
and other similar amounts		Membership dues	a service and the service of the ser	b	0 =				
8	C	Fundraising events		c	0			Land H	
5	d	Related organizations	1	d	0				
	е	Government grants (contribution	ns) 1	e	0				
2	f	All other contributions, gifts, gra	nts, and						
		similar amounts not included ab	ove	1f 3,	837,067		11/52		
3	g	Noncash contributions included in I	ines 1a-1f:	\$	957,706	September 1			
ā	h	Total. Add lines 1a-1f				3,839,057			
\Box	-				ss Code				
2	2a	ADMINISTRATIVE FEES		900099	9	145,557	145,557		
	b					0			
	C					0			
	d					0			
	e				1117	0			1
	f	All other program service revenue	ie .			0			
						145,557	A Chick To I	Hall (Marie)	
3	_	Investment income (including di	140,007	CAC SUM AND MICHAEL HO	A A SA SERVICE CONTRACTOR	St. Benis Control of Control			
3		other similar amounts)				136,081			400.00
١,		Income from investment of tax-e	warnet band :			136,061		- 70.	136,08
4					· · · • -	0			-
5		Royalties				O The Later of the	CONTRACTOR OF THE PARTY OF		In the same of the same
١.,			(i) Real		ersonal	A FIRE S	2.1		I was to the
1 3		Gross Rents	13,0		- 8	Che district	1-1-1		自然是實際
1		Less: rental expenses	13,0						
		Rental income or (loss)		0	0				
220		Net rental income or (loss)				0	AMININA DE LA CONTRACTOR DE LA CONTRACTO	STORE AND STORE AND ST	III WANTED WATER BOTTON
7	'a	Gross amount from sales of	(i) Securities		Other				100
1		assets other than inventory .	1,745,0	50	0			2	
	b	Less: cost or other basis	505070950000		8		S 12 1942		100 平平 30条
		and sales expenses	1,716,4		0				
		Gain or (loss)	28,6	01	0				
	d	Net gain or (loss)			>	28,601			28,60
								to the	
8		Gross income from fundraising			18				
1		events (not including \$	0						
		of contributions reported on line							
1		See Part IV, line 18		a	0	L LIVE		Technology (
		Less: direct expenses		b	0				
		Net income or (loss) from fundra	31 - C - C - C - C - C - C - C - C - C -		>	0			
9	a	Gross income from gaming activ			9		1000		
1		See Part IV, line 19		a	0			Section 1	
	b	Less: direct expenses		b	0	Yest and	A		
	C	Net income or (loss) from gamir	g activities.		>	0			
10		Gross sales of inventory, less			100				
		returns and allowances	20 100 100	a	0			STATE OF THE	
	b	Less: cost of goods sold	* *** * *	b	0				
	С	Net income or (loss) from sales	of inventory .	4 600 0	>	0			
		Miscellaneous Revenue		Busine	ess Code	建设为的建筑 。	(1) No. 10		
44	a	MISCELLANEOUS INCOME		90009	9	4,184	4,184		
1.1.1	b					0			
	c					0			
	С	All other revenue		-		0			
	c	All other revenue		L	Þ	0 0 4,184	er ar a ure a	13779788	

13-2992977

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				Section Major
	organizations in the U.S. See Part IV, line 21	2,027,637	2,027,637		The state of the state of
2	Grants and other assistance to individuals in	NULTY OF A	**********		
	the U.S. See Part IV, line 22	8,500	8,500	the state of the	然也也是这种。
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	12427779000	9240 (1920)		
184	U.S. See Part IV, lines 15 and 16	671,836	671,836		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	250 400	004.000	00.754	
	trustees, and key employees	353,483	291,229	20,751	41,503
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	4 070 404	4.000.004	100.000	440.40
7	Other salaries and wages	1,278,161	1,029,361	108,696	140,104
8	Pension plan contributions (include section 401(k)	00.000	00.000		
	and section 403(b) employer contributions)	20,928	20,928	00.707	20.054
9	Other employee benefits	267,795	218,037	20,707	29,051
10	Payroll taxes	132,985	108,039	10,382	14,564
11	Fees for services (non-employees):	20.400		20.400	
a	Management	62,400		62,400	
b	Legal	1,925		1,925	
c	Accounting	19,200		19,200	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0		00.007	
f	Investment management fees	32,307	205.040	32,307	25.22
g	Other	420,553	365,310	19,563	35,680
12	Advertising and promotion	43,911	43,557	44.400	354
13	Office expenses	179,045	134,275	11,422	33,348
14	Information technology	119,524	97,506	7,520	14,498
15	Royalties	0	200 004	10.047	27.00
16	Occupancy	308,342	262,091	19,247	27,004
17	Travel	130,051	111,718	12,205	6,128
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00.050	25.004		4.075
19	Conferences, conventions, and meetings	36,959	35,284		1,675
20	Interest	0			
21	Payments to affiliates	-	3,926	745	4.000
22	Depreciation, depletion, and amortization	5,644 6,175		715 555	1,003
23	Insurance	6,175	4,702	000	918
24	above (List miscellaneous expenses in line 24f. If	种种品类是	是以料理。	AND MEDICAL	公司公司的
	line 24f amount exceeds 10% of line 25, column		。 一种。 一种。 一种。		
	(A) amount, list line 24f expenses on Schedule O.)		17 二、19 日 19 日		
	PARTNER SUPPORT PROGRAM	26,774	26,774	经会员的企业公司的	THE PROPERTY AND A PR
a	COLLECTION LOSS	28,483	19,813	3,608	5,062
b	ADMINISTRATIVE FEES	145,556	145,556	3,000	5,002
d	MAILING	9,692	4,846		4,846
e	EVENT EXPENSES	14,568	3,024	-	11,544
f		22,310		10,607	1,286
25	Total functional expenses. Add lines 1 through 24f.	6,374,744		361,810	368,568
0.100		0,074,744	5,544,500	301,010	300,300
26	Joint costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				Form 990 (2010

Balance Sheet Part X (A) (B) Beginning of year End of year 200,486 458,669 1 2 1,520,952 3,936,376 2 2,424,734 2,647,286 3 35,035 4 4,612 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 0 7 0 8 39.071 60.628 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 99,545 b Less: accumulated depreciation 10b 8.019 10c 5.801 3,122,899 11 4,083,846 11 0 12 0 12 13 0 0 13 14 0 14 0 44,418 15 12,518 15 8,292,020 10,313,330 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 222,015 17 125,426 17 18 1,905,363 18 1,329,852 19 19 3,500 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 Secured mortgages and notes payable to unrelated third parties 0 23 0 23 24 0 24 Unsecured notes and loans payable to unrelated third parties 25 1.708.197 25 379.852 3,835,575 26 Total liabilities. Add lines 17 through 25 1,838,630 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 251,050 27 305,780 27 28 3,268,390 28 3,189,298 2,958,315 29 2,958,315 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 6,453,393 33 6,477,755 34 10,313,330 34 8,292,023 Total liabilities and net assets/fund balances

Form !	90 (2010) THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.	13-299	2977	Pag	e 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	w w w		. [X
_	I Victorial Control of the Control o				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,153	,480
2	Total expenses (must equal Part IX, column (A), line 25)	2	(3,374	744
3	Revenue less expenses. Subtract line 2 from line 1	3		2,221	264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(3,477	,755
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	2,196	,902
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,453	,393
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			. [
	50-20 V20-25 54-10		200000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O.		2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	F (4.3			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	(K. (C. 15)	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			N/A	
			Form	990	2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Employer identification number Name of the organization THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. 13-2992977 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III-Functionally integrated Type I Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (v) Did you notify (vii) Amount of (i) Name of supported (ii) EIN (iv) Is the organization (vi) Is the in col. (i) listed in your the organization in organization in col. organization (described on lines 1-9 support governing document? (i) organized in the col. (i) of your above or IRC section (see instructions)) support? 1157 Yes (A) 0 (B) 0 (C) 0 (D) 0 (E) 0 0

Total

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,219,379	4,834,337	8,439,791	3,987,541	3,839,057	25,320,105
benefit and either paid to or expended on its behalf						0
The value of services or facilities furnished by a governmental unit to the organization without charge						0
	4,219,379	4,834,337	8,439,791	3,987,541	3,839,057	25,320,105
person (other than a governmental unit						
of the amount shown on line 11,						
column (f)					1 2 S. J. P. S. J.	11,324,065
Public support. Subtract line 5 from line 4.						13,996,040
ion B. Total Support						
ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 4	4,219,379	4,834,337	8,439,791	3,987,541	3,839,057	25,320,105
Gross income from interest, dividends,						
payments received on securities loans,						
					1	
	423,576	564,123	-61,247	-91,180	164,682	999,954
			1			
[HENGTHER REPORT HENGTHER PROPERTY SELECTION CONTROL OF SELECTION OF SELECTION CONTROL OF SE						0
						0
######################################						
	71 142	38 219	15.188	15.314	4.184	144,047
		4 2 2 3 3 4			1 4 3 5 5 5 5	26,464,106
	ee instructions)	- 30 KONOK 30	essential to the	12	635,363
First five years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as		
				25010100		
Public support percentage for 2010 (line 6, c	olumn (f) divid	ed by line 11,	column (f))	1000	14	52.89%
Public support percentage from 2009 Sched	ule A, Part II, I	ine 14			15	95.10%
33 1/3% support test-2010. If the organizat	tion did not che	eck the box on	line 13, and lir	ne 14 is 33 1/39	% or more, che	ck this box
and stop here. The organization qualifies as	a publicly sur	ported organia	zation		2.4/20/	▶ [X]
box and stop here. The organization qualified	es as a publicly	supported org	ganization			▶ 🔲
is 10% or more, and if the organization meet	ts the "facts-ar	d-circumstanc	es" test, check	this box and s	top here. Expl	ain in
10%-facts-and-circumstances test-2009. 15 is 10% or more, and if the organization m	If the organiza neets the "facts	tion did not ch -and-circumst	eck a box on li ances" test, ch	ne 13, 16a, 16l eck this box ar	o, or 17a, and I nd stop here. I	ine
						<u>- </u>
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (s. First five years. If the Form 990 is for the or organization, check this box and stop here. The organization qualifies as 31/3% support test—2010. If the organization and stop here. The organization qualifies as 31/3% support test—2010. If the organization wand stop here. The organization qualifies as 31/3% support test—2010. If the organization wand stop here. The organization qualifies as 31/3% support test—2010. If the organization wand stop here. The organization qualifies as 31/3% support test—2010. If the organization wand stop here. The organization qualifies as 31/3% support test—2010. If the organization wand stop here. The organization meets the "fact organization." 10%-facts-and-circumstances test—2009. 15 is 10% or more, and if the organization meets the "fact organization." 10%-facts-and-circumstances test—2009. 15 is 10% or more, and if the organization meets the "fact organization." Portion or more and if the organization meets the "fact organization."	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. 4,219,379 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 423,576 Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 71,142 Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions First five years. If the Form 990 is for the organization's fir organization, check this box and stop here. Tion C. Computation of Public Support Percentage Public support percentage from 2009 Schedule A, Part II, I 33 1/3% support test–2010. If the organization did not che and stop here. The organization qualifies as a publicly support percentage from 2009 Schedule A, Part II, I 33 1/3% support test–2010. If the organization did not che box and stop here. The organization qualifies as a publicly support percentage from 2009 Schedule A, Part II, I 36 1/3% support test–2010. If the organization meets the "facts-and-circumstances test–2010. If the organization of the organization of the organization meets the "facts-and-circums organization. 10%-facts-and-circumstances test–2010. If the organization for organization of the organization meets the "facts-and-circums organization. 10%-facts-and-circumstances test–2010. If the organization for organization of the organization meets the "facts-and-circ	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10. Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, thi organization, check this box and stop here. Tion C. Computation of Public Support Percentage Public support percentage from 2009 Schedule A, Part II, line 14. 33 1/3% support test—2010. If the organization did not check a box on line so and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 10% or more, and if the organization meets the "facts-and-circumstances" test. Torganization. 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 10% or more, and if the organization meets the "facts-and-circumstances" test. Torganization. 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 10% or more, and if the organization meets the "facts-and-circumstances" test. Torganization. 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 15	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income. Do not include gain or lots from the sale of capital assets (Explain in Part IV.). Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fit organization, check this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2010. If the organization meets the "facts-and-circumstances" test, check Part IV how the organization meets the "facts-and-circumstances" test, check I salt for the organization meets the "facts-and-circumstances" test, check Part IV how the organization meets the "facts-and-circumstances" test, check Part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how the organization meets the "facts-and-circumstances" test, check part IV how th	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). A 219,379	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Again that are venues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Activities, whether or not the business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		2)				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise, sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	o	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c 11	Add lines 10a and 10b	0	0	0	0	0	0
••	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12).	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here.					c)(3)	
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f)			15	0.00%
16	Public support percentage from 2009 Schedule A,					16	0.00%
_	tion D. Computation of Investment Inco						
17	Investment income percentage for 2010 (line 10c,			umn (f))	w	17	0.00%
18	Investment income percentage from 2009 Schedul					18	0.00%
19a	33 1/3% support tests-2010. If the organization of not more than 33 1/3%, check this box and stop h	lid not check the	box on line 14, a	and line 15 is mor	re than 33 1/3%		> 🔲
b	33 1/3% support tests-2009. If the organization of line 18 is not more than 33 1/3%, check this box at	lid not check a bo	ox on line 14 or l	ine 19a, and line	16 is more than	33 1/3% and	> 🗆
20	Private foundation. If the organization did not che						▶□

Part II, line 17a or 17b; and instructions).	a r wittii, ii	III IE. AIBU	Jonipiete (part for a	, addition	
Part II Section B Line 10- OTHER INCOME:						
	2006	2007	2008	2009	2010	TOTAL:
OTHER INCOME	71,142	38,219	15,188	15,314	4,184	144,047
OTHER INCOME IS USED TO CARRY OUT	ORGANIZA	ATION'S TAX	K EXEMPT A	CTIVITIES.		

						<i></i>
•••••						

990 or 990-EZ) 2010 THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. 13-2992977 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Schedule A (Form 990 or 990-EZ) 2010

Page 4

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number Name of the organization THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. 13-2992977 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Page	4	40	2	of Deat !
-age		OI	-	of Part I

Name of organization THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. Employer identification number

13-2992977

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARCUS FOUNDATION 44 WEST 28TH STREET, 17TH FLOOR NEW YORK NY 10001 Foreign State or Province: Foreign Country:	\$ 902,500	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CHRISTOPHER HUGHES 116 WEST 23RD STREET, SUITE 500 NEW YORK NY 10011 Foreign State or Province: Foreign Country:	\$ 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ESTATE OF C. EDWIN BAKER P.O. BOX 2425 EL GRANADA CA 94018 Foreign State or Province: Foreign Country:	\$150,000	Person Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FORD FOUNDATION 320 EAST 43RD STREET, 4TH FLOOR NEW YORK NY 10017 Foreign State or Province: Foreign Country:	\$150,000	Person Payroll Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	EVELYN AND WALTER HAAS, JR. FUND 1 MARKET LANDMARK, #400 SAN FRANCISCO CA 94105 Foreign State or Province: Foreign Country:	\$400,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	OPEN SOCIETY INSTITUTE 400 WEST 59TH STREET NEW YORK NY 10019 Foreign State or Province: Foreign Country:	\$ 442,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Employer identification number 13-2992977

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DREILINDEN GESELLSCHAFT FUR GEMEINNUTZIIGES PRIVATKAPITAL mbh ALTE KONIGSTR. 18 Foreign State or Province: HAMBURG D-22767 Foreign Country: Germany	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	GILL FOUNDATION 2215 MARKET STREET, #205 DENVER CO 80205 Foreign State or Province: Foreign Country:	\$ 350,250	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 10	Foreign State or Province: Foreign Country:	\$0	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Employer identification number

13-2992977 Part II Noncash Property (see instructions) (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I STRYKER COPRORATION 14,420 SHARES OF STOCK ...1... \$ 869,028 February & May 2011 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (c) (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (c) (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organiza

▶ See separate instructions.

lame	of the organization			Employer identification	n number
HE	ASTRAEA LESBIAN FOUNDATION FOR JUS	STICE, INC.		13-299	
Par	Organizations Maintaining Dono		r Similar Fun	ds or Accounts.	Complete if
	the organization answered "Yes" to				
87		(a) Donor advised funds	- 20	(b) Funds and other	er accounts
1	Total number at end of year		12		
2	Aggregate contributions to (during year)		56,219		
3	Aggregate grants from (during year)		108,640		
4	Aggregate value at end of year		242,247		
5	Did the organization inform all donors and do	보이 18 시간이 가셨다고 하고 되는 나는 사람들이 하셨다면서 되었다면 하지 않아 목표를 하는 것이 되었다.		7,555,000	a
01	funds are the organization's property, subject				X Yes No
6	Did the organization inform all grantees, don				
	used only for charitable purposes and not for				v
	purpose conferring impermissible private be				X Yes No
Par	Conservation Easements. Comp	ete if the organization ansv	vered "Yes" to	Form 990, Part I	/, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all	that apply).		
	Preservation of land for public use (e.g., recre	eation or education)	Preservation o	f an historically impo	rtant land area
	Protection of natural habitat		Preservation o	f a certified historic	structure
			. 1000110110110	r a continua materia i	, a dia di
	Preservation of open space	tion hold a qualified conseque	tion contributio	a in the form of a an	nagnetica
2	Complete lines 2a through 2d if the organiza	tion neid a qualified conserva	tion contributio	in the form of a co	nservation
	easement on the last day of the tax year.			Held at the	F 1 10 X 10
	Total aurabas of assessables assessable				End of the Tax Year
a	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation eas				
C	Number of conservation easements on a cer			2c	
d	Number of conservation easements included			2d	
2	historic structure listed in the National Regis Number of conservation easements modified			the same and the s	vization
3		i, transferred, released, exting	juisiled, or terr	illiated by the organ	lization
4	during the tax year Number of states where property subject to	consequation easement is loca	ated b		
5	Does the organization have a written policy			handling of	
5	violations, and enforcement of the conserval				Yes No
6	Staff and volunteer hours devoted to monitor				
٠	b	mig, mapeoung, and emoronig	, conscivation	cascinonis danny ti	ic year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing con	servation ease	ments during the ve	ar
	> c	mapeeding, and emoreing con	ocivation case	monto during the ye	GI.
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements	of section	
ŏ	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization re				
2	balance sheet, and include, if applicable, the				
	the organization's accounting for conservation				
Par	Organizations Maintaining Collection		res, or Other	Similar Assets.	
	Complete if the organization answered	d "Yes" to Form 990, Part IV,	ine 8.		
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not	o report in its r	revenue statement a	nd balance sheet
	works of art, historical treasures, or other sir				
	of public service, provide, in Part XIV, the te	그 경기 가장 사람이 그렇게 그렇게 그렇게 그렇게 그렇게 되었다.		NI (200) 2000 000	
b	If the organization elected, as permitted und				
_	works of art, historical treasures, or other sir				
	of public service, provide the following amou			A	
	(i) Revenues included in Form 990, Part VII		9	> s	
	(ii) Assets included in Form 990, Part X	Service of the factor of the	27772792 12 277	▶ S	
2	If the organization received or held works of				
9	following amounts required to be reported up			Control of the Contro	
а	Revenues included in Form 990, Part VIII, li				
b	Assets included in Form 990. Part X			▶ S	

3	-	-	-	•
٠,	a	м	G.	-

Part	Organizations Maintaining C	collections of Art	, Historic	al Trea	sures, or Ot	her Sim	lar Assets	continued)	
3	Using the organization's acquisition, ac		records,	check an	y of the follow	ving that a	are a significa	nt	
	use of its collection items (check all the	at apply):	. \Box						
а	Public exhibition		а Ц		r exchange p	ograms			
b	Scholarly research		е	Other					
C	Preservation for future generation	ins							
4	Provide a description of the organization Part XIV.	on's collections and	explain h	ow they	further the ore	ganization	's exempt pu	rpose in	
5	During the year, did the organization s assets to be sold to raise funds rather							Yes	No
Part					zation answe	ered "Yes	s" to Form 9	90, Part	
	IV, line 9, or reported an amo					2000			
1a	Is the organization an agent, trustee, or			7.77				п. г	1 22
	included on Form 990, Part X?							Yes _	No
b	If "Yes," explain the arrangement in Pa	art XIV and complet	e the follo	wing tab	le:		^	mauni	
100						1c	A	mount	
C	Beginning balance					1d			
d	Additions during the year					1e			
e	Distributions during the year Ending balance					1f			0
	8							Dv. V	_
2a	Did the organization include an amoun		t X, line 2	17		0.00		Yes X	No
b	If "Yes," explain the arrangement in Pa	to if the consider			asil to Form	000 Per	+ IV/ line 10		
Part	V Endowment Funds. Comple						Three years back	(e) Four year	n book
20		(a) Current year	(b) Prior		(c) Two years b		inree years back	(e) Four year	S Dack
1a	Beginning of year balance	2,958,315	3,0	18,522	3,015	,617			A TOTAL
b	Contributions	-				,017			THE CO.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								- 24
e	Other expenditures for facilities					-	We the		100
	and programs			60,207		Historia.			1
f	Administrative expenses			00,207					00000
g	End of year balance	2,958,315	29	58,315	3,018	522			
2	Provide the estimated percentage of the				0,0.0	, o and jeanger	ACCOUNT DAY OF THE PARTY OF THE	al language from the second se	CONTRACTOR OF THE PARTY OF THE
a	Board designated or quasi-endowmen		%						
b	Permanent endowment	100%							
C		%							
3a	Are there endowment funds not in the	possession of the	organizatio	on that a	re held and a	dministere	ed for the		
	organization by:							Yes	No
	(i) unrelated organizations			S 35 35	502 75 50 502		*** * ***	3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organ					(x x x)	508 S 503	3b N/A	
4	Describe in Part XIV the intended use								
Part	VI Land, Buildings, and Equip	ment. See Form	990, Par	t X, line	10.				
	Description of investment	(a) Cost or oth (investme			st or other s (other)	0.50	umulated ciation	(d) Book val	ue
1a	Land	FEX. 1993	0		0 8	H H	第二年第二年		0
b	Buildings		0		0		0		0
c	Leasehold improvements	A (4)	0	- 50 -	0		0		0
d	Equipment	(r r			95,827	10	90,605	- LETTE	5,222
е	Other	× ×			3,718		3,139		579
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X	(, columi	n (B), line 10(d	c).)	•		5,801

Page 3

Part VII Investments—Other Securiti	es. See Form 990, Part X, lin	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(¢)	0	
(D)	0	
(E)	0	
(F)	0	
(G) (H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		光热性疾病性炎学。2009年2018年2018
Part VIII Investments—Program Rela		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	and the second s
(3)	0	
(4)	0	
(5)	0	
(6)	0	
	0	
(8)	0	
(9)	0	
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990,		Charles and Control of the Control of Control of the Control of Control of the Control of Control o
	(a) Description	(b) Book value
(1)	(4)	0
(2)		0
(3)		0
(4)		0
(5)		0
(6)		0
(7)		0
(8)		0
(9)		0
(10)	. (0) "	
Total. (Column (b) must equal Form 990, Part X,		
Part X Other Liabilities. See Form 9 1. (a) Description of liability	136	
(a) Description of liability (1) Federal income taxes	(b) Amount	1. 10 年 10 元 ·
(2) AGENCY FUNDS PAYABLE	374,490	法不任任 经经营的 拉拉斯斯
(3) SECURITY DEPSITS PAYABLE	5,362	
(4)	0	Thromas designates and the con-
(5)	0.5	
(6)	O	Constant of the second second second
(7)	0	发生的,是是是一个心理性的。但是是是是
(8)	0	
(9)	0	
_(10)	0	
(11)	0	ALCOHOLOGICAL MERCHANICA CONTRACTORS
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	379,852	

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

Sched	ule D (Form 990) 2010		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financian	ancial Stat	tements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,153,480
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,374,744
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3 -2,221,264
4	Net unrealized gains (losses) on investments	4	4 489,540
5	Donated services and use of facilities	5	5
6	Investment expenses	6	6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)	(1) At 1	1,707,362
9	Total adjustments (net). Add lines 4 through 8	2.11377	9 2,196,902
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		0 -24,362
Par	Reconciliation of Revenue per Audited Financial Statements With Rev	enue per	
1	Total revenue, gains, and other support per audited financial statements		1 3,607,010
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100000000000000000000000000000000000000	12 12
a	Net unrealized gains on investments	489,540	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	387,629	
е	Add lines 2a through 2d	* * *	2e 877,169
3	Subtract line 2e from line 1		3 2,729,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	32,307	The contract of the contract o
b	Other (Describe in Part XIV.)	1,391,332	
C	Add lines 4a and 4b		4c 1,423,639
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 4,153,480
Par	Reconciliation of Expenses per Audited Financial Statements With Ex		
1	Total expenses and losses per audited financial statements	1534 98	1 3,631,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV.)	13,059	
е	Add lines 2a through 2d		2e 13,059
3	Subtract line 2e from line 1		3 3,618,313
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		7.52
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	32,307	400 marcost
b	Other (Describe in Part XIV.)	2,724,124	-
C	Add lines 4a and 4b		4c 2,756,431
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2 2 6	5 6,374,744
Par	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2 part to provide any additional information.	a and 4; Pa d and 4b. A	rt IV, lines 1b lso complete
Part	X, Line 2 - ASTRAEA ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB	") GUIDANO	DE ON UNCERTAIN
INC	OME TAX POSITIONS IN ITS FINANCIAL STATEMENTS. ASTRAEA RECOGNIZES THE E	FFECT OF	TAX POSITIONS ONLY
WHI	EN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT IS NOT	AWARE O	F ANY VIOLATION OF ITS
TAX	STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.		
Part	XI, Line 8-FOREIGN CURRENCY TRANSLATION GAINS OF \$374,570 AND NET CHANGE	IN SPONS	ORED PROJECT NET
ASS	ETS OF \$1,332,792		

Schedule F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Part I

General Information on Activities Outside the United StatesComplete if the organization answered

"Yes" to Form 990, Part IV, line 14b.

Employer identification number

13-2992977

assistance, the grante	ees' eligibility for		substantiate the amount of the grants or e, and the selection criteria used to award	nus sus sus sus nus sud su	X Yes No
 For grantmakers. De United States. 	escribe in Part V	he organization's proc	edures for monitoring the use of grant fund	s outside the	
3 Activities per Region. (The following Pa	rt I, line 3 table can be	duplicated if additional space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	0	0			0
(2)	0	0			0
(3)	0	0			0
(4)	0	0			0
(5)	0	0			0
(6)	0	0			0
(7)	0	0			0
(8)	0	0			0
(9)	0	0			0
(10)	0	0			0
(11)	0	0			0
(12)	0	0			0
(13)	0	0	Samuel Control of the		0
(14)	0	0			0
(15)	0	0			0
(16)		0			0
(17)	0				0
3a Sub-total	0				0
sheets to Part I	0	The second secon			0

Page ;

	Othe
orm 990) 2010	Grants and
Schedule F (F	PartII

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Part II can be duplicated if additional space is needed.

-	(a) Name of organization section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1)	Central America and the Caribbean	GRANTS TO RECIPIENTS LOCATED IN REGION	121,105	121,105 WIRE TRF	0		
2.00	(2)	East Asia and the Pacific	GRANTS TO RECIPIENTS LOCATED IN REGION	. 208,500	208,500 WIRE TRF	0		
242	(3)	Europe	GRANTS TO RECIPIENTS LOCATED IN REGION	40,000	40,000 WIRE TRF	0		
	(1)	Middle East and North Africa	GRANTS TO RECIPIENTS LOCATED IN REGION	24,422	24,422 WIRE TRF	0		
	(9)	North America	GRANTS TO RECIPIENTS LOCATED IN REGION	10,000	10,000 WIRE TRF	0		
1000	(9)	South America	GRANTS TO RECIPIENTS LOCATED IN REGION	203,485	203,485 WIRE TRF	0		
		South Asia	GRANTS TO RECIPIENTS LOCATED IN REGION	40,310	40,310 WIRE TRF	0		
图例	(8)	Sub-Saharan Africa	GRANTS TO RECIPIENTS LOCATED IN REGION	40,800	40,800 WIRE TRF	0		
	(6)			0		0		
100	10)	#PS REVOLUTION		0		0		
	11)	37.00 M		0		0		
	(2)	3-1492		0		0		
100	13)	- The Table		0		0		
- E	14)	RESERVED.		0		0		
	(15)			0		0		
(16)	(9)			0		0		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Enter total number of other organizations or entities. 2

Page 3

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (g) Description of non-cash assistance 0 0 0 0 0 0 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement 0 0 0 0 0 0 (d) Amount of cash grant 0 0 0 0 (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Part III (11) (13) (14) (15) (16) (11) (18) 4 (10 (12) (2) (2) 0 6 Ξ 9 9 8

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign X No Yes 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With X No Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to X No Yes Certain Foreign Corporations. (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see X No Yes Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain X No Yes Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions X No Yes

Schedule F (Form 990) 2010

Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
TOTAL GRANTS TO ORGANIZATIONS OUTSIDE THE UNITED STATED AWARDED THIS YEAR \$688,622
GRANTS AWARDED IN PREVIOUS YEARS AND CANCELLED THIS YEAR (18,000)
INTEREST DISCOUNT ADJUSTMENT 1,214
AMOUNT REPORTED IN PART IX LINE 3 \$671,836

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Open to Public OMB No 1545-0047

Attach to Form 990.

13-2992977

Employer identification number

X Yes No

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Parti

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

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

\$100 MAR STATE BOX 100 STATE \$100 AND \$100

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance (bo	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Affinity Community Services P.O. Box 377948 Chicago, IL 60637	36-4157571	501(c)3	80,000	0			General Support
(2) ALLGO 701 Tillery Street Box 4 Austin, TX 78702	74-2495181	501(c)3	000'59	0			General Support
(3) Amigas Latinas Association do Center for Halsted 3656 N. Halsted Street Chicago, IL 60613	33-1045574	501(c)3	11,265	0			General Support
(4) Arkansas Public Policy Panel 1308 W. 2nd Street Little Rock, AR 72201	71-0467088	501(c)3	40,992	0			Center for Artistic Revolution
(6) Audre Lorde Project 147 West 24th Street, 3rd Floor New York, NY 10011	06-1502452	501(c)3	101,500	o			General Support
(6) Center for Health Justice 900 Avila Street, Sulte 301 Los Angeles, CA 90012	42-1605887	501(c)3	25,000	o			The Jordan/Rustin Coalition
(7) Center for Third World Organizing 1218 East 21st Street Oakland, CA 94606	52-1211059	501(c)3	45,000	o			Brown Boi Project
(8) Charis Circle 1189 Euclid Avenue NE Atlanta, GA 30307	58-2200054	501(c)3	7,000	0			General Support
(9) Community United Against Violence, Inc. 170A Capp Street San Francisco, CA 94110	94-2758154	501(c)3	7,000	0			General Support
(19) Fire & Ink. Incorporated P.O. Box 5042 Hyattsville, MD 20782	01-0837567	501(c)3	5,500	o			Money for our Movements Confernce
111 International Gay and Lesbian Human Rights Commission 80 Maiden Lane. Sulte 1505 New York, NY 10038	94-3139952	501(c)3	36,900	0			General Support
112 Kulia Na Mamo 1149 Berhal Street Suite 300 Honofulu, H 96813	99-0349376	501(c)3	7,500	0			General Support

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

Schedule I (Form 990) (20:

Continuation Sheet for Schedule I (Form 990)

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC

Name of the organization

8

Page Employer identification 13-2992977

Support to the Southeast Asian Queers United Empowerment & Leadership Project Let California Ring Campaign for Lation Organizing & Messaging (h) Pulpose of grant or assistance Unid@s The National LGBT Latino Human Rights Org National Queer Asian Pacific Islander Alliance Remaining Funds of Sponsored Project BREF's Message Development Project GBTI Outreach & Leadership Project Queens Marriage Supporter Streetwise and Safe The Fire This Time General Support General Support General Support **Seneral Support** Seneral Support General Support (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States 27,000 7,000 15,150 65,000 7,000 60,000 10,000 97,500 9,000 12,500 30,000 30,000 25,000 11,000 65,000 1,067,529 (d) Amount of cash grant (c) IRC section if applicable 501(c)3 80-0544853 93-1266613 13-3843122 68-0438008 52-1624852 94-3065434 65-1224536 71-0955732 20-1209795 61-1274170 58-1872316 81-0640342 94-3213100 13-3440222 13-2740460 94-3086885 N(3 (q) tts) Providence Youth Student Movement
669 Elmwood Avenue, Box 19, Room B10 Providence, RI 02907
trn Queers of Economic Justice
147 West 24th Street, 4th Floor New York, NY 10011
tts) Sauti Yetu Cenver for African Momen
P O B0X 3112 New York, NY 10163
tts Southerners on New Ground
250 Genoran Ave. Suite 201 Atlanta, GA 30312
tes Spark Reproductive Justice Now
P O Box 8557 Atlanta, GA 31106
cts) Sylvin Rivera Law Project
147 West 24th Street, 5th Floor New York, NY 10011 1325 Massechusetts Ave. NW, Suite 600 Washington, DC 20005 (14) National Network for Immigrant and Refugee Rights 310 Bin Street, Suite 303 Oakland, CA 94607 (ze) Equality California Institute 2370 Market Street, 2nd Floor San Francisco, CA 94114 The Presidio, P.O. Box 29907 San Francisco, CA 94129 (13) National Center for Lesbian Rights 870 Market Street, Suite 370 San Francisco, CA 94102 (14) National Gay and Lesbian Task Force Foundation 155 Wast 19th Street, 2nd Floor New York, NY 10011 (26) Basic Rights Education Fund (zn) Empire State Pride Agenda Foundation 16 West 22nd Street, 2nd Floor New York, NY 10010 (zh) Urban Justice Center 123 Williams Street New York, NY 10038 (zh) Women Maice Movies 462 Broadway, Suite 500W New York, NY 10013 (zs) Freedom to Marry, Inc. (a) Name and address of organization or government P.O. Box 40625 Portland, OR 97240 (zz) Tides Center Part II

Page 2

10 to 10 to

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Schedule I (Form 990) (2010) Part III

The same of the sa					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 VISITAL ARTS FLIND	6	2,500	0		
2 MARGOT KARI E SCHOI ARSHIP	-	1,000	0		
	C	0	0		
2 3		0	0		
	0	C	0		
u w	0	0	0		
	C	0	0		
7	0	D			
Complete this part to	plete this part to provi	de the information r	equired in Part I, lin	provide the information required in Part I, line 2, and any other additional information.	onal information.

Part Line 2-THE ASTRAEA FOUNDATION REQUIRES GRANT RECIPIENTS TO SUBMIT A SIGNED GRANT AGREEMENT PRIOR TO DISBURSEMENT OF GRANT FUNDS. GRANT RECIPIENTS ARE REQUIRED TO SUBMIT NARRATIVE AND FINANCIAL REPORTS AT THE END OF THE GRANT PERIOD, WHICH IS TYPICALLY BETWEEN ASTRAEA FOUNDATION STAFF EVALUATE NARRATIVE AND FINANCIAL REPORTS TO ASSESS GRANTEE ACCOMPLISHMENTS AND DETERMINE WHETHER SIX MONTHS AND ONE YEAR. MULTI-YEAR GRANTS ARE PAID IN ANNUAL INSTALLMENTS. GRANT RECIPIENTS OF MULTI-YEAR GRANTS MUST SUBMIT NARRATIVE AND FINANCIAL REPORTS FOR EACH COMPLETED YEAR PRIOR TO DISBURSEMENT OF FUNDS FOR THE FOLLOWING GRANT YEAR. THE GRANT WAS APPROPRIATELY SPENT. Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. ▶ See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Employer identification number 13-2992977

Par				Yes	No
1a		provided any of the following to or for a person listed in Form I to provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use	1		
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		4	
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)		N. W.	
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expens explain	e organization follow a written policy regarding payment ses described above? If "No," complete Part III to	1b		N/A
2		o reimbursing or allowing expenses incurred by all		-	14
2		ve Director, regarding the items checked in line 1a?	2	4548 think	N/A
3	Indicate which, if any, of the following the organiz organization's CEO/Executive Director. Check all				
	Compensation committee	Written employment contract	10		40
	Independent compensation consultant	X Compensation survey or study	E 100		源底
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4 a	organization or a related organization:	0, Part VII, Section A, line 1a, with respect to the filing rol payment from the organization or a related organization?	4a	X	
b	Participate in, or receive payment from, a suppler	mental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity	-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part III.		nicovi Side	
	Only section 501(c)(3) and 501(c)(4) organizati	ions must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of:	A, line 1a, did the organization pay or accrue any			
а	The organization?	A DAT THE ATTENDATION ON THE ACCORDING THE ACCORDING THE ACCORDING THE THE	5a		Х
b	Any related organization?		5b	an was	X
	If "Yes" to line 5a or 5b, describe in Part III.		4374	100	Dies.
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a	No.	X
b	Any related organization?		6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.				1
7	For persons listed in Form 990, Part VII, Section	A, line 1a, did the organization provide any non-fixed	7		
		" describe in Part III	-	+	X
8		in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	332 3 (4) (4) (4) (4) (4)	The regulations section 55.4555 4(a)(a). If yes, december	8		X
9		the rebuttable presumption procedure described in			
-			9	N/A	1

Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name						O CO	The second second	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	8	161,785		o	16,248	7,565	185,598	163,598
1 EVAN WOLFSON	1	0	0	0		0	3	0
TOO ON THE COLUMN	ε	113,769	0	0	11,777	30,344	155,89	147,522
2 WESLEY SCOIL DAVENPORT	€	0		0		0	0	0
	ε	0		0		0	0	0
en	E	0	0	0	0	0	0	0
	ε	0	0	0	1	0	0	0
4	: 🗎	0	0	0	0	0	0	0
	8	0	0	0		0	0	0
ĸ	€	0	0	0	0	0	0	0
	€	0		0		0	0	0
ď	0	0	0	0		0	0	0
	8	0		0	0	0	0	0
7	: (1)	0	0	0		0	0	0
	ε	0		0		0	0	0
α	€	0	0	0		0	0	0
	ε	0		0		0	0	0
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	Ξ	0		0		0	0	0
10	€ €	0	0	0		0		0
	8	0		0	0	0	0	0
1	1	0	0	0		0		0
	3	0		0		0	0	0
12	€	0	0	0	0	0		0
	ε	0		0	0	0	0	0
13	E	0	0	0		0		0
	8	0		0		0		0
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THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. Schedule J (Form 990) 2010

Page 3

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines Ta, Tb, 4c, 5a, 5b, 6a, 6b, 7, and 6. Also complete this part for any additional information.
Part 1 Line 4a- KATHERINE ACEY RECEIVED \$110,067 IN SEVERANCE PAY DURING THE YEAR ENDED JUNE 30, 2011.
Schedule J (Form 990) 20

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 Open To Public

Internal Revenue Service

Department of the Treasury ►Attach to Form 990. Name of the organization

Inspection Employer identification number

13-2992977

THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. Types of Property (c) (d) (b) (a) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art Art-Historical treasures . . . 2 3 Art—Fractional interests . . . Books and publications . . . 4 Clothing and household 5 goods Cars and other vehicles . . . 6 7 Boats and planes Intellectual property 8 957,706 FAIR MARKET VALUE Securities—Publicly traded . . . X 14 9 10 Securities—Closely held stock Securities-Partnership, LLC, 11 Securities-Miscellaneous . . 12 13 Qualified conservation contribution-Historic structures Qualified conservation 14 contribution-Other Real estate—Residential . . . 15 Real estate—Commercial . . . 16 Real estate-Other 17 18 Food inventory 19 20 Drugs and medical supplies . Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 0 0 25 0 0 26 Other ▶ (0 0 27 Other ► (_____) 0 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X contributions?.... 32a Does the organization nire or use third parties or related organizations to solicit, process, or sell 32a b If "Yes." describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) (2010) THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.	13-2992977	Page 2
Supplemental Information. Complete this part to provide the information required by Pa 32b, and 33. Also complete this part for any additional information.	ırt I, lines 30b,	
Part I Line 32b-ALL STOCK CONTRIBTUIONS ARE SOLD UPON RECEIPT BY FIDELITY UNDER THE GUID	ANCE	
OF VERIS WEALTH PARTNERS.		
Part I Line 9-THE ORGANIZATION REPORTED NUMBER OF ITEMS CONTRIBUTED.		
······		
	•••••	
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,		

A 1 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 13-2992977 THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC Form 990 Part IX Line 24f-OTHER EXPENSES: TOTAL: PROG ADMIN FR DUES, FEES AND SUBSCRIPTIONS 2.630 392 164 3,186 STAFF RECRUITMENT & TRAINING 8,789 98 8,984 97 STAFF DEVELOPMENT 1,795 1,795 MISCELLANEOUS 5,895 1,426 1,024 8,345 1,286 TOTAL: 10,607 22,310 10,417 Form 990 Part VI Section B Line 11b- THE 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO IT'S BEING FILED. THE 990 WAS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO THE SUBMISSION. Form 990 Part VI Section B Line 15b- ASTRAEA CONDUCTS A COMPREHENSIVE ASSESSMENT EVERY TWO YEARS TO COMPARE ITS STAFF'S SALARIES TO SEVERAL OTHER FOUNDATIONS WITH SIMILAR VALUES AND VARIOUS BUDGETS. DATA IS COLLECTED FROM EXISTING SALARY SURVEYS PUBLISHED ON A YEARLY BASIS BY NON PROFIT ORGANIZATIONS SUCH AS GUIDESTAR, PROFESSIONAL FOR NOT-FOR-PROFIT AND NON PROFIT COORDINATING COMMITTEE OF NEW YORK. THIS ANALYSIS IS PREPARED BY THE DEPUTY DIRECTOR. THE INFORMATION COLLECTED IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR A FINAL DECISION ON ALL STAFF, HOWEVER, DECISIONS REGARDING THE EXECUTIVE DIRECTOR SALARY ASSESSMENT ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. IN THE LAST TWO YEARS ASTRAEA HAS ACQUIRED A SOFTWARE FROM A COMPANY FOCUSING ON COMPARATIVE SALARY ANALYSIS DATA CALLED ERI. ERI WAS FOUNDED IN 1987 TO PROVIDE COMPENSATION, BENEFITS, AND HUMAN RESOURCE RESEARCH FOR PRIVATE AND PUBLIC ORGANIZATIONS IN THE FORM OF PUBLISHED REPORTS AND SOFTWARE DATABASE PRODUCTS. REVENUES FOR ERI ARE EARNED SOLELY FROM THESE COST-OF-LIVING AND SALARY SURVERY SOFTWARE AND PUBLICATION SALES. ERI DATA IS RENEWED QUARTERLY ENABLING US TO STAY UP TO DATE ON TRENDS IN THE HR AND COMPENSATION FIELD.

(4)								
Form	8868 (Rev. 1-2011)				Page 2			
o If	you are filing for an Additional (Not Automa	tic) 3-Month	Extension, complete only Part II and	d check this box	x ▶ X			
Note	. Only complete Part II if you have already be	en granted ar	automatic 3-month extension on a pr	eviously filed F	orm 8868.			
• If	you are filing for an Automatic 3-Month Exte	ension, comp	lete only Part I (on page 1).	650.0				
Par		nth Extensio	n of Time. Only file the original (no	copies need	ed).			
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ile by	by the Number, street, and room or suite no. If a P.O. box, see instructions.							
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iling yo	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
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	r the Return code for the return that this applie			ırn)				
App Is F	lication	Return Code	Application Is For		Return Code			
Forn	n 990	01						
Forn	n 990-BL	02	Form 1041-A	08				
Form 990-EZ		03	Form 4720	09				
Form 990-PF		04	Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11			
Form 990-T (trust other than above)		06	Form 8870	12				
	Pl Do not complete Part II if you were not alread	y granted an a	utomatic 3-month extension on a previo	usly filed Form	8868.			
Te If	ne books are in the care of ► ASTRAEA elephone No. ► (212) 529-8021 the organization does not have an office or pl this is for a Group Return, enter the organizat e whole group, check this box ►	ion's four digi	t Group Exemption Number (GEN)	C	. If this is			
st w	ith the names and EINs of all members the ex							
4	I request an additional 3-month extension of	time until	5/15/2012					
5	For calendar year , or other tax yea	r beginning	7/1/2010 , and e	nding 6	/30/2011 .			
6	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
7	State in detail why you need the extension ADDITIONAL TIME REQUIRED TO COMPILE DATA NECESSARY FOR							
	AN ACCURATE AND COMPLETE RETURN AND FOR THE ORGANIZATION'S MANAGEMENT AND GOVERNING BODY TO REVIEW THE 990.							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$			
h								
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.			8b	s			
	Balance due. Subtract line 8b from line 8a.	Include your	sayment with this form if required by		-			
C	EFTPS (Electronic Federal Tax Payment Sy			8c	\$ 0			
	EFTF3 (Electronic Federal Tax Fayment Sy		and Verification	00	-			

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.

Date ▶ 1/19/2012

Form 8868 (Rev. 1-2011)