

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE ASTRAEA FOUNDATION, INC.		D Employer identification number 13-2992977
	Doing business as ASTRAEA LESBIAN FOUNDATION FOR J		E Telephone number (212) 529-8021
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 25,790,885.
	116 EAST 16TH STREET	7TH FL	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JOY CHIA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.ASTRAEAFOUNDATION.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		L Year of formation: 1978	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE I.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 21,046,407.	Current Year 20,308,683.
	9 Program service revenue (Part VIII, line 2g)	0.	180,043.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	312,712.	832,692.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030.	6,306.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,360,149.	21,327,724.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,624,966.	6,202,606.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,172,806.	3,745,362.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 616,977.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,566,540.	3,280,016.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,364,312.	13,227,984.
19 Revenue less expenses. Subtract line 18 from line 12	7,995,837.	8,099,740.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,063,721.	End of Year 34,728,076.
	21 Total liabilities (Part X, line 26)	5,217,229.	4,674,768.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,846,492.	30,053,308.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JOY CHIA, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	05/16/2022		P00288314
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008			
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930			Phone no. (301) 951-9090		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. ("ASTRAEA") IS THE ONLY PHILANTHROPIC ORGANIZATION WORKING EXCLUSIVELY TO ADVANCE LGBTQI RIGHTS AROUND THE WORLD. ASTRAEA SERVES AS A FEMINIST SOCIAL JUSTICE HUB WORKING SIDE-BY-SIDE WITH GRANTEE AND DONOR PARTNERS TO ACHIEVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,362,052. including grants of \$ 5,542,554.) (Revenue \$) AS THE FIRST GRANTMAKER TO MANY GRASSROOTS LBTQI GROUPS, ASTRAEA PLAYS A CATALYTIC ROLE SUPPORTING LBTQI ACTIVISM ACROSS THE GLOBE. VIA GRANTMAKING, CAPACITY BUILDING, PHILANTHROPIC ADVOCACY AND COMMUNICATION, ASTRAEA SUPPORTS LBQ, TRANS AND INTERSEX-LED ORGANIZATIONS TO CHALLENGE OPPRESSION AND ADVANCE GENDER, RACIAL AND ECONOMIC JUSTICE.

4b (Code:) (Expenses \$ 1,460,323. including grants of \$ 660,052.) (Revenue \$) INTERNATIONAL TRANS FUND: A SPONSORED PROJECT OF ASTRAEA WAS CREATED IN 2015 WITH A MISSION TO MOBILIZE SUSTAINABLE RESOURCES FOR STRONG, TRANS-LED MOVEMENTS AND COLLECTIVE ACTION, AND TO ADDRESS AND ELIMINATE FUNDING GAPS IMPACTING TRANS GROUPS ACROSS THE GLOBE. INTERNATIONAL TRANS FUND AIMS TO INCREASE THE CAPACITY OF TRANS MOVEMENTS TO SELF ORGANIZE AND ADVOCATE FOR TRANS PEOPLE'S RIGHTS, SELF-DETERMINATION AND WELLBEING.

4c (Code:) (Expenses \$ 175,827. including grants of \$) (Revenue \$ 180,043.) THE PIPELINE PROJECT: A SPONSORED PROJECT OF ASTRAEA IS A RECRUITMENT, RETENTION AND LEADERSHIP ADVANCEMENT INITIATIVE. THE INITIATIVE'S GOALS ARE TO PRODUCE PROGRAMS AND ENGAGE IN ACTIVITIES THAT TOGETHER REPRESENT A LONG-TERM EFFORT TO INCREASE THE NUMBER OF PEOPLE OF COLOR WORKING WITHIN THE NATION'S LGBT RIGHTS, SERVICE AND ADVOCACY SECTOR, AND ULTIMATELY INCREASE THE LEVEL OF DIVERSITY IN THE LEADERSHIP OF OUR MOVEMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,998,202.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (11); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DOUGLAS BLACK - (212) 529-8021 116 EAST 16TH STREET, NO. 7TH FL, NEW YORK, NY 10003

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KERRY-JO FORD LYN DEPUTY DIRECTOR	35.00				X		208,889.	0.	20,782.	
(2) DOUGLAS BLACK VP FINANCE	35.00			X			175,618.	0.	11,322.	
(3) KERRY ASHFORTH DIRECTOR OF STRATEGIC INITIATIVES	35.00					X	136,270.	0.	11,340.	
(4) SARAH GUNTHER SR DIR., PHILANTHROPIC PARTNERSHIPS	35.00					X	137,343.	0.	3,105.	
(5) MARIAM GAGOSHASHVILI ASSOCIATE DIRECTOR	35.00					X	129,469.	0.	8,314.	
(6) JOY A. MICHAEL CONTROLLER	35.00					X	118,654.	0.	17,157.	
(7) NAMITA CHAD DIRECTOR OF PROGRAMS	35.00					X	108,478.	0.	11,589.	
(8) EBONE BISHOP CO-CHAIR	1.50	X		X			0.	0.	0.	
(9) BOOKDA GHEISAR CO-CHAIR (BEG. 01/21)	1.50	X		X			0.	0.	0.	
(10) IIMAY HO CO-CHAIR THEN DIR. (EFF. 01/21)	1.50	X		X			0.	0.	0.	
(11) PAUL HENDRY TREASURER (BEG. 12/20)	1.50	X		X			0.	0.	0.	
(12) EUGENIE FITZGERALD TREASURER (THROUGH 09/20)	1.50	X		X			0.	0.	0.	
(13) ANA CONNER DIRECTOR	1.50	X					0.	0.	0.	
(14) MARIA DE LA CRUZ DIRECTOR (THROUGH 04/21)	1.50	X					0.	0.	0.	
(15) SUSANNA FRIED DIRECTOR	1.50	X					0.	0.	0.	
(16) NAA HAMMOND DIRECTOR	1.50	X					0.	0.	0.	
(17) ILANA LANDSBERG-LEWIS DIRECTOR	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GEETA MISRA DIRECTOR	1.50	X						0.	0.	0.
(19) ALISON RILEY DIRECTOR	1.50	X						0.	0.	0.
(20) ROCKI SIMOES DIRECTOR	1.50	X						0.	0.	0.
(21) WILL CORDERY DIRECTOR (THROUGH 10/20)	1.50	X						0.	0.	0.
(22) DARLA KASHIAN DIRECTOR (THROUGH 10/20)	1.50	X						0.	0.	0.
(23) SANDRA NATHAN - SEE SCHEDULE L INTERIM EXEC. DIR. (THROUGH 05/21)	35.00			X				0.	0.	0.
1b Subtotal								1,014,721.	0.	83,609.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,014,721.	0.	83,609.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RASHAUNDA ALLEN 2585 RIVER ROAD, ELLENWOOD, GA 30294	HR SUPPORT	114,250.
BRODEN GIAMBRONE, 311-369 SORAUREN AVENUE, TORONTO, ONTARIO, CANADA M6R 3C2	INTERNATIONAL TRANS FUND DIRECTOR	110,844.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	35,350.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,057,588.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,215,745.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			20,308,683.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		900099	180,043.	180,043.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			180,043.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		191,733.			191,733.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,104,120.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,463,161.				
	c Gain or (loss)	7c	640,959.				
	d Net gain or (loss)			640,959.		640,959.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TRANSIT REFUNDS	Business Code					
		900099	5,287.			5,287.	
	b OTHER REVENUE	900099	1,019.			1,019.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			6,306.				
12 Total revenue. See instructions			21,327,724.	180,043.	0.	838,998.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,894,289.	2,894,289.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,308,317.	3,308,317.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,057.	318,512.	47,292.	19,253.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,730,470.	2,303,874.	172,154.	254,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,674.	36,906.	1,964.	4,804.
9 Other employee benefits	379,355.	319,446.	26,191.	33,718.
10 Payroll taxes	206,806.	174,088.	14,471.	18,247.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,324.		4,324.	
c Accounting	38,752.		38,752.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	80,441.		80,441.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,658,470.	1,396,091.	116,047.	146,332.
12 Advertising and promotion	34,042.	28,656.	2,382.	3,004.
13 Office expenses	103,464.	87,095.	7,240.	9,129.
14 Information technology	228,836.	192,633.	16,012.	20,191.
15 Royalties				
16 Occupancy	261,995.	220,546.	18,332.	23,117.
17 Travel	19,676.	16,563.	1,377.	1,736.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,696.	9,846.	818.	1,032.
20 Interest	10,663.	8,976.	746.	941.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,436.	69,394.	5,768.	7,274.
23 Insurance	7,352.	6,189.	514.	649.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATION	226,472.	190,643.	15,847.	19,982.
b ADMIN FEES	111,632.	79,619.	14,160.	17,853.
c CAPACITY BUILDING FEES	106,494.	89,646.	7,452.	9,396.
d PAYROLL & HR FEES	94,047.	79,168.	6,581.	8,298.
e All other expenses	199,224.	167,705.	13,940.	17,579.
25 Total functional expenses. Add lines 1 through 24e	13,227,984.	11,998,202.	612,805.	616,977.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,508,422.	1	38,154.
	2 Savings and temporary cash investments	501,215.	2	1,809,325.
	3 Pledges and grants receivable, net	2,226,200.	3	8,378,135.
	4 Accounts receivable, net	27,318.	4	36,921.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	707,588.	9	692,842.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 469,180.		
	b Less: accumulated depreciation	10b 348,013.	203,602.	10c 121,167.
	11 Investments - publicly traded securities	17,876,858.	11	23,592,644.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,518.	15	58,888.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,063,721.	16	34,728,076.	
Liabilities	17 Accounts payable and accrued expenses	771,066.	17	515,698.
	18 Grants payable	3,544,922.	18	3,182,706.
	19 Deferred revenue		19	143,780.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	209,181.	23	145,583.
	24 Unsecured notes and loans payable to unrelated third parties	617,468.	24	617,468.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	74,592.	25	69,533.
	26 Total liabilities. Add lines 17 through 25	5,217,229.	26	4,674,768.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,965,970.	27	3,739,491.
	28 Net assets with donor restrictions	16,880,522.	28	26,313,817.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,846,492.	32	30,053,308.
33 Total liabilities and net assets/fund balances	26,063,721.	33	34,728,076.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,327,724.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,227,984.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,099,740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,846,492.
5	Net unrealized gains (losses) on investments	5	1,131,805.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-161,513.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	136,784.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,053,308.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **THE ASTRAEA FOUNDATION, INC.** Employer identification number **13-2992977**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,352,367.	13,621,767.	10,072,736.	21,046,407.	20,308,683.	77,401,960.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	12,352,367.	13,621,767.	10,072,736.	21,046,407.	20,308,683.	77,401,960.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,307,466.
6 Public support. Subtract line 5 from line 4.						53,094,494.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12,352,367.	13,621,767.	10,072,736.	21,046,407.	20,308,683.	77,401,960.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	164,038.	152,768.	231,267.	217,158.	191,733.	956,964.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	0.	0.				
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,057.	15,496.	25,668.	1,030.	6,306.	54,557.
11 Total support. Add lines 7 through 10						78,413,481.
12 Gross receipts from related activities, etc. (see instructions)					12	583,603.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	67.71 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	66.70 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

THE ASTRAEA FOUNDATION, INC.

Employer identification number

13-2992977

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE ASTRAEA FOUNDATION, INC.	Employer identification number 13-2992977
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>4,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>4,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>2,930,155.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>2,000,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,270,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ASTRAEA FOUNDATION, INC.	Employer identification number 13-2992977
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>785,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>407,081.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>720,352.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ASTRAEA FOUNDATION, INC.	Employer identification number 13-2992977
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE ASTRAEA FOUNDATION, INC.	Employer identification number 13-2992977
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **THE ASTRAEA FOUNDATION, INC.** Employer identification number **13-2992977**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	65	
2 Aggregate value of contributions to (during year)	260,938.	
3 Aggregate value of grants from (during year)	16.	
4 Aggregate value at end of year	260,938.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,117,367.	4,806,173.	4,464,429.	4,177,981.	3,596,520.
b Contributions					
c Net investment earnings, gains, and losses	1,626,302.	414,263.	439,315.	380,430.	674,852.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	111,643.	103,069.	97,571.	93,982.	93,391.
g End of year balance	6,632,026.	5,117,367.	4,806,173.	4,464,429.	4,177,981.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 46.0000 %
 - c Term endowment 54.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		404,316.	295,283.	109,033.
d Equipment				
e Other		64,864.	52,730.	12,134.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				121,167.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	70,229.
(3) DUE TO/FROM	-696.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	69,533.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO SUPPORT ASTRAEA'S PROGRAMS AND OPERATIONS BASED ON DONOR IMPOSED RESTRICTIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **THE ASTRAEA FOUNDATION, INC.** Employer identification number **13-2992977**

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	83,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	68,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	170,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	17,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	120,000.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	20,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	71,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	29,000.
3 a Subtotal	0	0			578,000.
b Total from continuation sheets to Part I	0	0			3,501,316.
c Totals (add lines 3a and 3b)	0	0			4,079,316.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL TRANS FUND	192,999.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		262,333.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		714,340.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		490,578.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		161,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		27,500.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		219,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		459,333.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		273,471.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		700,762.
Totals					3,501,316.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	16,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	33,333.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **84**

3 Enter total number of other organizations or entities **74**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	50,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	124,007.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	50,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	35,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	22,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	33,333.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	29,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	28,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHARITABLE AND EDUCATIONAL ACTIVITIES	7,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,500.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,500.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	96,578.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	25,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	23,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		EUROPE	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	8,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	12,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	14,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	27,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	40,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		NORTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		NORTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	55,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	33,000.	WIRE	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	33,333.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	45,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	29,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	19,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	7,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	32,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	32,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	7,000.	WIRE	0.		
		SOUTH AMERICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	44,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,333.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	36,838.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	30,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	29,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	39,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SOUTH ASIA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	42,499.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	23,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	7,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	5,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,333.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	24,333.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	13,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	12,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	12,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	12,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	36,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	18,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	41,096.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	6,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	23,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	21,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	17,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHARITABLE AND EDUCATIONAL ACTIVITIES	10,000.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE ASTRAEA FOUNDATION, INC.** Employer identification number **13-2992977**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIANNA'S CENTER P.O. BOX 24328 FT. LAUDERDALE, FL 33306	26-3327254	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BALTIMORE SAFE HAVE 416 N. MONTFORD AVE. BALTIMORE, MD 21224	83-3729738	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BLACK TRANSMEN, INC. P.O. BOX 118282 CARROLLTON, TX 75011	45-1501116	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DIGNITY AND POWER NOW 3655 S. GRAND AVE LOS ANGELES, CA 90007-4316	46-3064675	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MIJENTE 734 W. POLK ST PHOENIX, AZ 85007	82-1711382	501(C)(3)	30,000.	0.			GENERAL SUPPORT
RESILIENT STRATEGIES NEO PHILANTHROPY, INC., 45 WEST 36TH STREET - NEW YORK, NY 10018-7904	13-3191113	501(C)(3)	30,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **28.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WECARE TN 4005 PATTE ANN DRIVE MEMPHIS, TN 38116	83-2965696	501(C)(3)	30,000.	0.			GENERAL SUPPORT
ASYLUMCONNECT 40 RECTOR ST. FL 9 NEW YORK, NY 10006-1732	81-1066673	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BROWN GIRL RECOVERY 228 PARK AVE. S., SUITE 56651 NEW YORK, NY 10003	11-3451703	501(C)(3)	20,000.	0.			GENERAL SUPPORT
COMMUNITY ESTRELLA 3763 83RD ST., SUITE #1B JACKSON HEIGHTS, NY 11372	82-4397912	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOUSE LIVES MATTER 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOUSE OF TULIP 2629 ELDER ST. NEW ORLEANS, LA 70122	85-1376745	501(C)(3)	20,000.	0.			GENERAL SUPPORT
IMAGINE WATER WORKS 9 GAMMON AVE. SW ATLANTA, GA 30315-0000	58-1956686	501(C)(3)	20,000.	0.			GENERAL SUPPORT
INTRANSITIVE P.O. BOX 7123 LITTLE ROCK, AR 72223-7123	83-3867162	501(C)(3)	20,000.	0.			GENERAL SUPPORT
KANAKA PAKIPIKA 1658 LIHOLIHO ST., APT 205 HONOLULU, HI 96822-2968	99-0349376	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASJIB AL-RABIA 637 S. DEARBOARD ST., FL1 CHICAGO, IL 60605-1936	82-0715092	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MY SISTAH'S HOUSE THE KNIGHTS AND ORCHIDS SOCIETY, 108 BROAD ST. - SELMA, AL 36701-4639	45-2603909	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NATIVE JUSTICE COALITION 4605 CASS AVE. DETROIT, MI 48201-1256	23-7241219	501(C)(3)	20,000.	0.			GENERAL SUPPORT
STRENGTHENING OPPORTUNITIES FOR LEADERSHIP - FORUM FOR EQUALITY FOUNDATION, 4519 S. CLAIBORNE AVE. - NEW ORLEANS, LA 70125-5007	72-1269734	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE I AM HUMAN FOUNDATION 5482 PEACHTREE LANDING DR. ELLENWOOD, GA 30294-3591	83-1450516	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TRANS SISTAS OF COLOR PROJECT RUTH ELLIS CENTER, 2727 SECOND AVE., STE. 158 - DETROIT, MI 48201-0000	38-3501697	501(C)(3)	20,000.	0.			GENERAL SUPPORT
TRANSCENDING WOMEN 1450 POYDRAS ST. STE 2260 NEW ORLEANS, LA 70112	61-1791941	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MASJIB AL-RABIA 637 S. DEARBOARD ST., FL1 CHICAGO, IL 60605-1936	82-0715092	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRANSGENDER ASSISTANCE PROGRAM OF VIRGINIA (TAPVA) - 5901 BEECHWALK DR. - VIRGINIA BEACH, VA 23464	47-4938459	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERSEX AND FAITH 513 MEMORIAL BLVD., PMT 161 SPRINGFIELD, TN 37172	81-5401964	501(C)(3)	8,000.	0.			GENERAL SUPPORT
OUT IN THE OPEN (FORMERLY GREEN MOUNTAIN CROSSROAD) - P.O. BOX 1685 - BRATTLEBORO, VT 05302	45-5246211	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SOMOS FAMILIA 562 14TH STREET OAKLAND, CA 94612	81-4019488	501(C)(3)	8,000.	0.			GENERAL SUPPORT
STONEWALL YOUTH P.O. BOX 7383 OLYMPIA, WA 98507	94-3202727	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

Part IV Supplemental Information

AND DETERMINE WHETHER THE GRANT WAS APPROPRIATELY SPENT.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE ASTRAEA FOUNDATION, INC.

Employer identification number

13-2992977

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KERRY-JO FORD LYN DEPUTY DIRECTOR	(i)	208,889.	0.	0.	2,652.	18,130.	229,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DOUGLAS BLACK VP FINANCE	(i)	175,618.	0.	0.	3,120.	8,202.	186,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

THE ASTRAEA FOUNDATION, INC.

Employer identification number

13-2992977

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
APODICTIC CONSULTANTS	APODICTIC CONSULTAN	114,120.	APODICTIC C		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: APODICTIC CONSULTANTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

APODICTIC CONSULTANTS IS OWNED BY SANDRA NATHAN, INTERIM EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: APODICTIC CONSULTANTS RECEIVED

COMPENSATION FOR SANDRA NATHAN'S SERVICES AS THE INTERIM EXECUTIVE

DIRECTOR OF ASTRAEA FOUNDATION. THESE SERVICES WERE PROVIDED AT FAIR

MARKET VALUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE ASTRAEA FOUNDATION, INC.

Employer identification number

13-2992977

FORM 990, PART I, DOING BUSINESS AS:

ASTRAEA LESBIAN FOUNDATION FOR JUSTICE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RACIAL, ECONOMIC, SOCIAL AND GENDER JUSTICE WORLDWIDE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANT AND REVIEWED BY SENIOR
MANAGEMENT. THE RETURN WAS THEN DISTRIBUTED TO THE BOARD PRIOR TO BEING
FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS, OFFICERS AND KEY PERSONNEL ARE REQUIRED TO DISCLOSE ALL POSSIBLE
CONFLICTS IMMEDIATELY IN WRITING TO THE BOARD. THE POLICY IS ALSO SIGNED
ANNUALLY. THE BOARD REVIEWS SUCH MATTERS, WHILE THE DISCLOSING PERSON IS
RECUSED AND EXCLUDED FROM THE DELIBERATIONS AND DECISION, AND ACTS IN
ACCORDANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

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,
PROFESSIONALS FOR NON-PROFITS AND NON-PROFIT COORDINATING COMMITTEE OF NEW
YORK. THIS ANALYSIS IS PREPARED BY THE CHIEF FINANCIAL OFFICER. THE
INFORMATION COLLECTED IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR A FINAL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE ASTRAEA FOUNDATION, INC.	Employer identification number 13-2992977
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DECISION ON ALL STAFF. HOWEVER, DECISIONS REGARDING THE EXECUTIVE DIRECTOR'S SALARY ASSESSMENT ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL. MOST RECENTLY, ASTRAEA HAS RECEIVED SALARY BENCH-MARKING DATA FROM ADP (AUTOMATIC DATA PROCESSING, INC.). DATA IS REQUESTED AND REVIEWED ANNUALLY. THE LAST COMPENSATION REVIEW TOOK PLACE IN MAY 2021.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CURRENCY GAIN 136,784.

FORM 990, PART XIII, LINE 3B:

THE ORGANIZATION IS IN THE PROCESS OF CONDUCTING ITS ANNUAL FINANCIAL STATEMENT AUDIT AND ITS REQUIRED SINGLE AUDIT AS OF THE DATE OF THIS FILING.