Fom 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)

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

<u>A</u>	For th		<u>endar year, or tax year b</u>	peginning	7/1/2013	<u>, and e</u>	nding	6/30/	<u> 2014 </u>	<u> </u>			
В	Check if	applicable	C Name of organization	The Astraea Lesbia	n Foundation for	Justice, Inc.		D Employer i	dentification	number			
\sqcup	Address	change	Doing Business As										
	Name ch	hange	Number and street (or PO.		d to street address)	Room/suite		3-2992977					
님	Name C	lange	116 EAST 16TH STRE	ET, 7TH FLOOR		_L		E Telephone r	umber				
Ш	Initial ret	tum	City or town		State	ZIP code	ϵ	212) 529-80	21				
	Terminat	ted	NEW YORK		NY	10003		212,020 00	<u> </u>				
믐			Foreign country name	Foreign province	state/county	Foreign postal							
Ш	Amende	d return						Gross recei	ots \$	9,355,609			
\Box	Application	on pending	F Name and address of princ	ıpal officer			H(a) is this	a group return for	subordinates?	Yes X No			
			JENNIFER BOB ALOT	TA. ADDRESS SAM	E AS "C" ABOVE	•		all subordinates		Yes No			
							1 - 1	o," attach a list.					
	Tax-exem	` _			no) 4947(a)(1) or 527	" ''	o, attach a list	(500 1150 000	101.10)			
<u>J</u>	Website	e: ► WW	<u>W.ASTRAEAFOUNDAT</u>	ION ORG			H(c) Grou	p exemption nu	mber 🕨				
Κı	orm of o	rganization	X Corporation Tru	st Association	Other ▶	L Yea	r of formati	^{on:} 1979	M State of	legal domicile. NY			
F	art I	Sur	nmary						·				
	1		escribe the organization	s mission or most si	onificant activitie	s AST	RAEA FL	INDS LGBT	QI ACTIVI	ISM GLOBALLY,			
8			GAS A FEMINIST SOC										
Щ	1		·	~		·							
Activities & Governance	,	PARTNERS TO ACHIEVE RACIAL, ECONOMIC, SOCIAL AND GENDER JUSTICE WORLDWIDE Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets											
Š	2								1				
ن مع	3		of voting members of the					_	3	13			
es	4		of independent voting m	•		•		_	4	13			
Ę	5		nber of individuals empl	•	*			_	5	28			
访	6		nber of volunteers (estin	• •					6	88			
⋖	7a		elated business revenue					_	7a	0			
	<u>b</u>	Net unre	ated business taxable in	ncome from Form 99	90-T, line 34 . .				7b	0			
							F	rior Year		Current Year			
ne	8		ions and grants (Part VI			•		4,704,		6,006,956			
Revenue	9		service revenue (Part V					79,2		61,090			
ě	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						336,2		326,466			
	11							10,		<u>-579</u>			
	12		nue—add lines 8 through			ie 12)		5,129,9		6,393,933			
	13	Grants a	nd similar amounts paid	(Part IX, column (A)), lines 1–3) .			1,600,	389	3,275,156			
	14		paid to or for members (0	0			
S	15		other compensation, empl			s 5–10) .		1,448,	772	1,561,276			
Š	16a		nal fundraising fees (Pa						0	0			
Expenses	b	Total fund	fraising expenses (Part	IX, columnt (IX) [me]	75 D	465,819		Jil Bild	rd rd " Jungil"				
Ü	17	Other exp	enses (Part IX, column	(A), [lines 11a-11d,	11f-24e)			1,584,	559	1,768,193			
	18	Total exp	enses Add lines 13-17	(intust equal Part IX,	"column Anlline	25)		4,633,7	720	6,604,625			
	19	Revenue	enses Add lines 13–17 less expenses. Subtrac	t fine 18 from like 12	(UI) Q	[496,2	238	-210,692			
Net Assets or Fund Balances				\ \			Beginnin	g of Current Yo	ear	End of Year			
sets	20	Total asse	ets (Part X, line 16)		LIT	[10,988,2	268	12,510,166			
A B	21		lities (Part X, line 26) .			[<u>1,95</u> 4,2	261	3,396,616			
55	22	Net asset	s or fund balances. Sub	tract line 21 from lin	e 20			9,034,0	007	9,113,550			
	rt II	Sigr	ature Block										
Unde	r penalti	es of perjury,	declare that I have examined	this return, ipoluding acco	mpanying schedules	and statements,	and to the	best of my knov	vledge				
and i	belief, it is	s true, correct	and complete. Declaration of	preparer (other than office	(r) is based on all info	rmation of which	preparer h	as any knowled	ጀ З //).				
Sig	n	_	Auto	Do				4/					
Hei		7 8	Signature of officer	to 1	2								
1101		A _	PERICI	ter Hoffy									
		7 ¬	ype or print name and title		*								
		Print/1	ype preparer's name	Preparer	ś signatu								
Pai	d	1,4,44,14	UC TARA	V///	1044								
	parer	ANIM	NE TAM	M/M	IM								
	Only		name WINNIE TAM	& CO, PC									
			address ► 50 BROAD S	TREET, SUITE 183	7, NEW								

May the IRS discuss this return with the preparer shown above? (see in For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2013) The Astraea Lesbian Foundation for Justice, Inc	13-2992977 Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission. THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC. ("ASTRAEA") IS THE ONLY PHILANTHE ORGANIZATION WORKING EXCLUSIVELY TO ADVANCE LGBTQI HUMAN RIGHTS AROUND THE V SERVES AS A FEMINIST SOCIAL JUSTICE HUB, WORKING SIDE-BY-SIDE WITH GRANTEE AND D PARTNERS TO ACHIEVE RACIAL, ECONOMIC, SOCIAL AND GENDER JUSTICE WORLDWIDE	VORLD ASTRAEA ONOR
	Did the organization undertake any significant program services during the year which were not listed or the prior Form 990 or 990-EZ?	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
-	(Code) (Expenses \$ 5,185,175 including grants of \$ 3,205,677) (Rev THE FIRST GRANTMAKER TO HUNDREDS OF ORGANIZATIONS, ASTRAEA PLAYS A CATALYTIC F GROUPS ACROSS THE GLOBE THROUGH GRANTMAKING, CAPACITY BUILDING AND PHILANTI PROGRAMS, ASTRAEA SUPPORTS THE WORK OF LESBIAN, TRANS, INTERSEX AND ALLIED OR CHALLENGE OPPRESSION AND CLAIM THEIR RIGHTS	ROLE FOR LGBTQI HROPIC ADVOCACY GANIZATIONS TO
- - -		
-		
- - - - -	(Code.) (Expenses \$ 468,514 including grants of \$ 41,858) (Rev THE PIPELINE PROJECT - A SPONSORED PROJECT OF ASTRAEA - IS A RECRUITMENT, RETENT ADVANCEMENT INITIATIVE THE INITIATIVE'S GOALS ARE TO PRODUCE PROGRAMS AND ENGA THAT TOGETHER REPRESENT A LONG-TERM EFFORT TO INCREASE THE NUMBER OF PEOPLE WITHIN THE NATION'S LGBT RIGHTS, SERVICE AND ADVOCACY SECTOR, AND ULTIMATELY INC DIVERSITY IN THE LEADERSHIP OF OUR MOVEMENT	ION AND LEADERSHIP AGE IN ACTIVITIES OF COLOR WORKING
- - -		
-		
-		
- - - - - - - - -	(Code) (Expenses \$ 222,811 including grants of \$ 27,621) (Rev. GLOBAL ACTION FOR TRANSGENDER EQUALITY ("GATE") - A SPONSORED PROJECT OF ASTRANETWORK COORDINATOR, FACILITATOR AND ADVOCATE TO THE 'OUTSIDE' WORLD GATE WO MOVEMENTS FOR COMMON GOALS, WHILE DEVELOPING TRANS* AGENDAS ON A CONCEPTUAL ASSISTS TRANS* MOVEMENTS AND STRUCTURES AT THE LOCAL, NATIONAL AND REGIONAL LIFACILITATE THE DEVELOPMENT OF A NEW GLOBAL NETWORK OF TRANS* ORGANIZATIONS.	LEA - IS A TRANS* PRKS TO UNITE TRANS* AL POLICY LEVEL GATE
-		
-		
4-1 -	24	
	Other program services (Describe in Schedule O) Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
4e	Total program service expenses ► 5,876,500	

			tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			Ţ
4		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	├ -	 	X
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	×	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	•	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	P		 ^-
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Х	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110		_^_
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	<	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			_
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	' .	х
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a	Х	
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			.,
20-	If "Yes," complete Schedule G, Part III	19		X
		20a	NI/A	Х
Ŋ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	IN/A	

The Astraea Lesbian Foundation for Justice, Inc. Checklist of Required Schedules (continued) Part IV

				Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		1	ļ	
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				
	24b through 24d and complete Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	N/A	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		١		
4	to defease any tax-exempt bonds? . Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			N/A N/A	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		24d	IN/A	
2 0a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	•			~
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ? If "Yes," complete Schedule L, Part I		25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
27	disqualified persons? If so, complete Schedule L, Part II .		26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	•			上
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
_	Schedule L, Part IV.		28b		_X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•		~	
	conservation contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part 1		31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?				
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}	32		<u> </u>
00	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	Ė	-		
	III, or IV, and Part V, line 1	[34	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. }	35b	N/A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ŀ	36		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				
	VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	İ			
	19? Note. All Form 990 filers are required to complete Schedule O.	<u>. </u>	38	Х	
				aan /	

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4-		
0-	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	$\stackrel{\wedge}{-}$	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		.,,,,	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N/A	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	N/A	
7	Organizations that may receive deductible contributions under section 170(c).			₽,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c	,	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	- <u>^</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	N/A	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			· ·
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		***	•
	organization, have excess business holdings at any time during the year?	8	N/A	
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b	N/A	
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12	-	1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			_
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		-	
	against amounts due or received from them)			
	· · · · · · · · · · · · · · · · · · ·	12a	N/A	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	· · · · · · · · · · · · · · · · · · ·	13a	N/A	_
	Note. See the instructions for additional information the organization must report on Schedule O.		, (ı
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
		14a 14h	N/A	_^

Form 990 (2013) The Astraea Lesbian Foundation for Justice, Inc. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent . . . 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? Χ 2 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?. 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body?. 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates?. 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b N/A 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? 15a 15b 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 Х 16a 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 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

116 EAST 16TH STREET, 7TH FLOOR, NEW YORK, NY 10003

organization ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC

20

1												
Form 990 (2013)	The Astraea Lesbian Foundation fo	or Justice, Inc								13-29929	9 77	Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, k	(ey	En	nple	oyee	s, l	lighest Comp	ensated		
•	Employees, and Independent C	ontractors										 1
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												
•	his table for all persons required to be	listed. Report co	mper	nsat	on '	for t	he ca	lend	dar year ending v	with or within the	;	
organization's	•											
	of the organization's current officers, di						luals	or o	rganizations), re	gardless of amo	unt	
•	on. Enter -0- in columns (D), (E), and (log) of the organization's current key emplo	•			-		defin	ition	of "key employe	oe "		
	organization's five current highest con										yee)	
who received	reportable compensation (Box 5 of For											
-	nd any related organizations.											
	of the organization's former officers, ke		_					ed e	employees who r	eceived more th	an .	
•	eportable compensation from the organ	-			-			. 			ih a	
	of the organization's former directors o more than \$10,000 of reportable compe										tne	
•	the following order individual trustees		_				-		=			
	employees; and former such persons	or an ootoro, mo		J. 1.G.			0, 0		,,,	,g.,		
Check thi	s box if neither the organization nor any	related organiz	ation	cor	npe	nsa	ted ar	ny c	urrent officer, dir	ector, or trustee		
		<u></u>			-	C)						
						sition						_
	(A) Name and Title	(B) Average					than one is the second		(D) Reportable	(E) Reportable	(F)	
		hours per week (list any	offic	er an	dad	lirect	or/trust	ee)	compensation from	compensation from related	amou	
		hours for	Individual trustee or director	Instit	Officer	e e	emple	Former	the	organizations	compen	sation
		related organizations	recto		ª	emp	est c	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz	
	•	below dotted line)	اع ق	ial tr		loye) omp				and re	
	j	mie)	tee	Institutional trustee		"	Highest compensated employee				0.92/112	
				"			l ted					
						T	Ι -					

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	1	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MIRIAM ZOILA PEREZ	1 00	Ţ,		Ü						
BOARD CHAIR		Х	-	X	┡			0	0	0
(2) CYNTHIA ROTHSCHILD DIRECTOR	1.00	х						0	0	0
(3) JARRETT LUCAS	1 00	v		х				0	0	0
VICE CHAIR & SECRETARY	4.00	Х	├	-				U		0
(4) WENDY STARK TREASURER	1.00	x		x				0	0	0
(5) SUSAN WEFALD	1 00									
DIRECTOR		Х						0	0	0
(6) ARCELIA HURTADO	1 00			1						
DIRECTOR		Х	L.,					0	0	0
(7) UMA RAO	1.00									
DIRECTOR		X	L					0	0	0
(8) RYAN LI DAHLSTROM	1.00				1					
DIRECTOR		Х			ļ			0	0	0
(9) JUDENE WALDEN	1 00									
DIRECTOR		X						0	0	0
(10) WILL CORDERY	1 00		,							
DIRECTOR		X						0	0	0
(11) JENNIE BRIER	1.00		l ,						i	
DIRECTOR		X						0	0	0
(12) NITIKA RAJ	1.00									
DIRECTOR		Χ_						0	0	0
(13) UROOJ ASHAD	1.00				1					
DIRECTOR		X		<u> </u>				0	0	0
(14) JENNIFER BOB ALOTTA	35 00									
EXECUTIVE DIRECTOR	<u> </u>			Х	L			149,890	0	24,484

P	art VII Section A. Officers, Directors, Tru	istees, Key Emi			(C Pos	C) ition	ghes than		ompensated Em	ployees (contin	ued)	(F)	
	Name and title	Average	box,	unles	s pe	rson irecto	b big Highest compensated	an ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	corr fi org an	stimate mount other apensa rom the janizate d relate anizate	of tion e ion ed
(15)	ABA TAYLOR	35 00					<u>E</u>			-			
	UTY DIRECTOR	25.00		_	Х		_		66,158	0			7 <u>,357</u>
	CLARENCE PATTON CUTIVE DIRECTOR OF PIPELINE PROJECT	35 00			х				110,159	0		1	1,518
(17)	JUSTUS EISFELD	35 00											
	CUTIVE DIRECTOR OF GATE	05.00		\vdash	Х				83,373	0			1,724
	ARLENE SWARTZ RIM DEVELOPMENT DIRECTOR	35 00					X		100,414	0			0
				П					700,111				
													
(21)													
(22)													
(24)													
(25)											ļ 		
1b	Sub-total							•	509,994	0	ļ	45	5,083
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).		-			•		>	509,994	0		4!	0 5,083
2	Total number of individuals (including but not lin						recei	ved					1,500
	reportable compensation from the organization	>			3							-	T.:
2	Did the organization list any former officer, dire	otor or tructoo l	·0\/ 0	mal	01/0		r bial	2001	componented		$\overline{}$	Yes	No
3	employee on line 1a? If "Yes," complete Schedu		•		oye	e, u	ı ıngı	1621			3		X
4	For any individual listed on line 1a, is the sum of				n a	nd o	other	con	npensation from		7.1	> 1 ₅	
	the organization and related organizations grea									7			·
	ındıvidual		•			•		•			4	X	
5	Did any person listed on line 1a receive or accre	•			-			_		ridual	<u>-</u>		
Sec	for services rendered to the organization? If "Ye tion B. Independent Contractors	is, complete Sc	neau	ie J	101	Suc	n per	SOL	<u>'</u>	·	5_		X
1	Complete this table for your five highest compe compensation from the organization Report coryear										tax		
	(A) Name and business addr	ess	-						(B) Description of serv	vices ((C Compen		
NON	E												0
								_					0
				_									<u>0</u> 0
													0
2	Total number of independent contractors (included and the contractors from the	-	ed to	tho	se li	ste	abo	ve)	who received	, ,	. 1,	-	

Form 990 (2013)	The Astraea Lesbian Found
Part VIII	Statement of Revenue

		Check if Schedule O contains	a response or n	ote to any line in	this Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	<u>1a</u>	3,960				
rant	b	Membership dues	. 1b	0				
, G	С	Fundraising events	<u>1c</u>	57,783		}		
Sifts ar A	đ	Related organizations	. <u>1d</u>	0				
ıs, (е	Government grants (contributions	s) <u>1e</u>	1,094,544				1
ntion er S	f	All other contributions, gifts, gran						
rib Oth		similar amounts not included abo	ve <u>1f</u>	4,850,669				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in li	nes 1a-1f: \$	1,165,885				
	h	Total. Add lines 1a-1f .			6,006,956			
en e				Business Code				
Ver	2a	ADMINISTRATIVE FEES		900099	61,090	61,090		
Program Service Revenue	b				0			
Š.	C				0			
Se	d				0		 	
ram	e	All all		<u> </u>	0		-	
rog	T ~	All other program service revenue			61,090			
	3	Total. Add lines 2a–2f Investment income (including div			01,030			· · · · · · · · · · · · · · · · · · ·
	9				151,366			151,366
	4	Income from investment of tax-ex			0			
	5	Royalties			0			
	_	110,411.00	(ı) Real	(ii) Personal	- '	-		
	6a	Gross rents	50,426		100		-	
	b	Less rental expenses	50,426					5 ,
	С	Rental income or (loss) .	0	0				(c) (d)
	d	Net rental income or (loss)		>	0			0
	7a	Gross amount from sales of	(i) Secunties	(II) Other	41 , 1 1 12	, , , ,		, , ,
		assets other than inventory .	3,074,226	0	ŕ			
	b	Less cost or other basis			~	,	*	1
		and sales expenses	2,899,126			- 7	. 1	Q *
	C	Gain or (loss) .	175,100	0				177.100
i	d	Net gain or (loss)	• • • •	<u> ▶</u>	175,100			175,100
	_				,			1
Ž	ва	Gross income from fundraising	EZ 700			-	v 1 3	
Š		events (not including \$	57,783			-		
Other Revenue		of contributions reported on line 1 See Part IV, line 18	•	6,123	, ,	•		' '
뎔	h	Less: direct expenses		12,124		,		
ŏ		Net income or (loss) from fundrar		12,124	-6,001			-6,001
		Gross income from gaming activi	-	· · · · · · ·	5,551			1
	-	See Part IV, line 19		l 0				
	b	Less. direct expenses .	. b	0	,			
		Net income or (loss) from gaming	activities .	▶	0			
		Gross sales of inventory, less		· -				
		returns and allowances	a	0				
l	b	Less: cost of goods sold	b	0				
		Net income or (loss) from sales of			0			
		Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS INCOME		900099	5,422	_5,422		
	b				0			ļ
	С				0			
	d	All other revenue		L	0			
	е	Total. Add lines 11a–11d		>	5,422			000 100
	12	Total revenue. See instructions.			6,393,933	66,512	C	320,465

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 1,587,456 1,587,456 2 Grants and other assistance to individuals in the United States See Part IV, line 22 0 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 1.687.700 1,687,700 Benefits paid to or for members . . . 4 5 Compensation of current officers, directors. trustees, and key employees . . 424.828 362,912 35,940 25,976 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 . 852,207 648.078 66,828 137,301 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . 17,200 1,283 13.878 2.039 Other employee benefits 9 156,800 135,505 8,226 13.069 10 Payroll taxes 110,241 95,454 5,712 9,075 11 Fees for services (non-employees): Management . . а 55,852 30,563 25,289 b Legal 23,360 3.300 20.060 C Accounting . 41.617 17.828 23.789 d Lobbying 0 Professional fundraising services. See Part IV. line 17. е 0 Investment management fees f 35.661 35,661 Other (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 851,705 645,674 13,335 192.696 12 Advertising and promotion 250 200 50 13 Office expenses 111.835 84,236 4,393 23,206 Information technology 14 105,273 89,804 3,563 11,906 15 Royalties 0 16 Occupancy 147,201 132,834 5,550 8,817 17 204,438 1,822 171,563 31,053 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings. 91,333 87.666 445 3.222 20 Interest. 0 21 0 22 Depreciation, depletion, and amortization. 4,261 3,179 418 664 23 8,347 7,123 415 809 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) MAILING а 4,596 2,298 2,298 STAFF DEVELOPMENT AND RECRUITMENT 4,527 2,130 2,041 356 c MISCELLANEOUS 10,698 2,797 6,779 1,122 ADMINISTRATIVE FEES d 61,090 61.090 e All other expenses 6,149 3,232 757 2.160 Total functional expenses. Add lines 1 through 24e 25 6,604,625 5,876,500 262,306 465,819 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		' Check if Schedule O contains a response or	note to	any line in this Part X .			
	-				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			415,413	1	537,488
	2	Savings and temporary cash investments .			2,237,808	2	2,597,107
	3	Pledges and grants receivable, net	•		3,545,869	3	4,104,089
	4	Accounts receivable, net	•		4,747	4	25,890
	5	Loans and other receivables from current and for	ormer of	ficers, directors.			
	•	trustees, key employees, and highest compens					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified personal	ons (as de	efined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), a	•				
		sponsoring organizations of section 501(c)(9) voluntary e		* ' '			
ţ		organizations (see instructions) Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net		T	0	7	0
Ä	8	Inventories for sale or use			-	8	
	9	Prepaid expenses and deferred charges .		[95,541	9	44,287
	10a	Land, buildings, and equipment, cost or		[: `		
		other basis Complete Part VI of Schedule D	10a	18,103	-		
	ь	Less accumulated depreciation .	10b	10,850	4,304	10c	7,253
	11	Investments—publicly traded securities			4,672,068	11	5,180,184
	12	Investments—other securities See Part IV, line	11		0	12	0
	13	Investments—program-related See Part IV, line	e 11	[0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11			12,518	15	13,868
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	10,988,268	16	12,510,166
	17	Accounts payable and accrued expenses			264,018	17	388,464
	18	Grants payable		[1,170,245	18	2,400,290
	19	Deferred revenue		[650	19	3,827
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete I	Part IV c	of Schedule D .		21	
S	22	Loans and other payables to current and former	r officers	, directors,		<u>:</u> ناها ا	
Liabilities		trustees, key employees, highest compensated	employe			****	
abi		disqualified persons Complete Part II of Schedu	ule L			22	
Ξ	23	Secured mortgages and notes payable to unrela	ated thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelate	d third p	arties	0	24	0
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete			
		Part X of Schedule D	•		519,348	25	604,035
	26	Total liabilities. Add lines 17 through 25			1,954,261	26	3,396,616
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ► X and	at.		ر,
Ses		complete lines 27 through 29, and lines 33 ar					
ano	27	Unrestricted net assets			557,575	27	648,271
Bal	28	Temporarily restricted net assets			5,518,117	28	5,506,964
豆	29	Permanently restricted net assets		<u></u>	2,958,315	_	2,958,315
֖֖֖֖֖֖֖֖֡֝		Organizations that do not follow SFAS 117 (ASC958),		<u></u>	· · · · · · · · · · · · · · · · · · ·		
<u>-</u>		complete lines 30 through 34.	CHECK HE	and			
ts (20					20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		· · · · · ·		30 31	
As	31	Paid-in or capital surplus, or land, building, or ed				32	
Vet	32	Retained earnings, endowment, accumulated in		or other tunas	0.034.007	33	0 442 550
_	33	Total net assets or fund balances	• •	· · ·	9,034,007		9,113,550
	34	Total liabilities and net assets/fund balances		· · · · · · · · · · · · · · · · · · ·	10,988,268	34	12,510,166

orm	990 (2013) The Astraea Lesbian Foundation for Justice, Inc.	13	-2992977	Paç	ge 12
⁻ ar	XI Reconciliation of Net Assets				
	'Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,393	3,933
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,604	1,625
3	Revenue less expenses. Subtract line 2 from line 1	3		-210	0,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,034	1,007
5	Net unrealized gains (losses) on investments	5		300	0,301
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-10	0,066
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		9,113	3,550
'ar	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			.	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		- [Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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 Separate basis Consolidated basis Both consolidated and separate basis		- 1	>3 _p	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
-	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: X Separate basis Consolidated basis Both consolidated and separate basis		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	, ,	* %
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		· ,	1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			, , , , , , , , , , , , , , , , , , ,	r, 18
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				

Form **990** (2013)

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

The.	Ast <u>ra</u>	ea Lesbian Fo	oundation for Jus	stice, Inc.					<u> </u>	13-29	992977		
Pa				arity Status (All org						<u>nstructio</u>	ns.		
The	o <u>rga</u> r			tion because it is: (For									
1	\sqcup	-		ches, or association of			ın sectio	n 170(b)(1)(A)(i).				
2	\sqcup			n 170(b)(1)(A)(ii) . (Atta									
3		•	<u>-</u>	ospital service organiza									
4			search organizat me, city, and sta	ion operated in conjunte:	ction with	a hospital	describe	d in section	on 170(b)	(1)(A)(iii). 	. Enter t	he	
5				the benefit of a college Complete Part II)	e or univer	sity owned	d or opera	ited by a	governme	ntal unit d	lescribe	ed .	
6		A federal, sta	ate, or local gove	rnment or government	al unit des	scribed in s	section 1	70(b)(1)(<i>/</i>	4)(v).				
7	X	•	•	receives a substantial	-	support f	rom a gov	ernmenta/	al unit or fr	om the g	eneral p	oublic	
8		A community	trust described	ın section 170(b)(1)(A)(vi). (Cor	nplete Par	tII)						
9		An organizat receipts from support from	organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross celepts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its apport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses captured by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10		An organizat	ion organized ar	d operated exclusively	to test for	r public sa	fety See	section 5	609(a)(4).				
11 e		purposes of 509(a)(3). Cla Type By checking persons other	one or more pub neck the box that I b T this box, I certify	that the organization in managers and other	ations des supporting III–Funct s not cont	scribed in g organiza ionally inte rolled dire	section 50 tion and o egrated ctly or inc	09(a)(1) o complete d	r section s lines 11e t Type III–No one or mo	509(a)(2) hrough 1 on-function ore disqu	See se 1h nally int alified	tegrate	d
f				written determination	from the II	RS that it i	s a Type	1 Type II	or Tyne li	l supporti	na		
•		_	, check this box .					., 1,00 11,					
g				he organization accept	ed any gif	t or contril	bution fro	m any of t	the				
Ŭ		following per	sons?										
				or indirectly controls, ei				ersons de	scribed in	(II)		Yes	No
		•		erning body of the supp		janization'	? .				11g(i)	ļ	
		• '	•	person described in (i)		 	•	•	•		11g(ii)		
L				of a person described						•	11g(iii)		
<u>h</u> (i)		ganization (described on lines above or IRC secti		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))) Type of organization escribed on lines 1–9 in col. (i) listed in your the organization in col. (i) of your		nization in of your	organizat (i) organi	is the tion in col zed in the S?	(vii) An	nount of mo support	onetary	
		_			Yes	No	Yes	No	Yes	No			
A)													
									ļ <u> </u>				
B) 													
C) 					:	:			_	_			
D)												·	
E)	_												
r_4-													n

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					Í	
	its behalf					1	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					}	0
4	Total. Add lines 1 through 3	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
5	The portion of total contributions by each						
_	person (other than a governmental unit			1		1	
	or publicly supported organization)			-	•	-	
	included on line 1 that exceeds 2%		,	~~ ~~		i	
	of the amount shown on line 11,		-	**		-	
	column (f)	-	•	-	·	,	9,852,345
6	Public support. Subtract line 5 from line 4		- <u>.</u> 19-	·	, 1 ,	F	14,668,985
	ion B. Total Support	<u> </u>				ـــــــــــــــــــــــــــــــــــــ	14,000,303
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,987,541	3,839,057	5,983,453	4,704,323	6,006,956	24,521,330
8	Gross income from interest, dividends,						
	payments received on securities loans,	J	J	j			
	rents, royalties and income from similar				450.040	454.000	500 000
_	sources	-91,180	164,682	161,122	150,643	151,366	536,633
9	Net income from unrelated business		i			ļ	
	activities, whether or not the business is		l			1	_
	regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets					i	
	(Explain in Part IV.)	15,314	4,184	21,227	10,117	5,422	56,264
11	Total support. Add lines 7 through 10		2 -m 2 1			7 14 12	25,114,227
12	Gross receipts from related activities, etc (se	•				12	496,647
13	First five years. If the Form 990 is for the org	janization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	_
	organization, check this box and stop here						▶∐
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2013 (line 6, co	lumn (f) divided	by line 11, col	umn (f))		14	58.41%
15	Public support percentage from 2012 Schedu	le A, Part II, line	e 14			15	55 80%
16a	33 1/3% support test-2013. If the organizat	ion did not ched	ck the box on li	ne 13, and line	14 is 33 1/3%	or more, check t	his box
	and stop here. The organization qualifies as	a publicly suppo	orted organizat	ion			. ▶ X
b	33 1/3% support test-2012. If the organizat	ion did not ched	ck a box on line	13 or 16a, and	l line 15 is 33 1	/3% or more, ch	
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization			▶ □
17a	10%-facts-and-circumstances test—2013.	f the organization	on did not chec	k a box on line	13 16a or 16l	h and line 14	
	is 10% or more, and if the organization meets	_					n
	Part IV how the organization meets the "facts						
					•		- □
h	organization 10%-facts-and-circumstances test—2012.	f the erganizati		k a boy on line			
b		•					ain in
	15 is 10% or more, and if the organization me					-	201111
	Part IV how the organization meets the "facts-	-anu-circumstal	ices test the	organization qu	uannes as a pu	DilCly	, [
	supported organization			•			· · • [_]
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 17	b, check this b	ox and see	
	Instructions						▶ _

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

	(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.									
If the organization fails to qualify ur	nder the tests	s listed below,	, please com	olete Part II.)						
Section A. Public Support										
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")										
2 Gross receipts from admissions, merchandise										

Cale	ndar year (or fiscal year beginning in)	(a) 2009	(8) 2010	(C) 2011	(u) 2012	(e) 2013	(1) 10(a)
1	Gifts, grants, contributions, and membership fees						0
2	received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise				-		<u> </u>
-	sold or services performed, or facilities furnished						
	in any activity that is related to the						_
	organization's tax-exempt purpose			_			0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on						0
5	its behalf						
J	furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6).	, , , , , , , , , , , , , , , , , , ,					0
Sec	tion B. Total Support			L,,			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	o	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
С	acquired after June 30, 1975	0	0	0	0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or			1	•		
	loss from the sale of capital assets						0
42	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	o	О	l o	О	o	0
14	First five years. If the Form 990 is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here	<u> </u>	<u> </u>		· · ·		· • •
	tion C. Computation of Public Support		40 1 (0)			146	0.00%
15	Public support percentage for 2013 (line 8, column					15 16	0 00% 0.00%
16 Sec	Public support percentage from 2012 Schedule A, I tion D. Computation of Investment Inco			· · · · · ·			0.0070
<u> 360</u> 17	Investment income percentage for 2013 (line 10c,			ımn (fl)		17	0 00%
18	Investment income percentage from 2012 Schedul		-			18	0 00%
19a	33 1/3% support tests—2013. If the organization					, and line 17 is	
	not more than 33 1/3%, check this box and stop he	ere. The organiz	ation qualifies as	a publicly suppo	orted organizatio	n	▶ 🗀
b	33 1/3% support tests—2012. If the organization						<u></u>
	line 18 is not more than 33 1/3%, check this box ar						▶ _
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b,	check this box a	nd see instruction	ns	▶ ∟

SCHEDULE D (Form 990)

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

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	-		
The	Astraea Lesbian Foundation for Justice, Inc.		13-2992977
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	9	
2	Aggregate contributions to (during year).	410,034	
3	Aggregate grants from (during year)	205,341	
4	Aggregate value at end of year	348,258	
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing that grant fi	unds 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 bene	efit?	X Yes No
Par	t II Conservation Easements.		
		ered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held b		
	Preservation of land for public use (e.g., recre		of an historically important land area
	Protection of natural habitat		of a certified historic structure
	=	Preservation	or a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation contribution	THE PARTY OF THE P
	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 ease		2b
C	Number of conservation easements on a certi	, .	<u>2</u> c
d	Number of conservation easements included		
_	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termi	inated by the organization
	during the tax year		
4	Number of states where property subject to co		
5	Does the organization have a written policy re		· — —
_	violations, and enforcement of the conservation		Yes _ No
6	Staff and volunteer hours devoted to monitoring	ig, inspecting, and enforcing conservation ea	asements during the year
7	Amount of avanage in a manufacture in		
7	Amount of expenses incurred in monitoring, in \$\$\\$\$	specting, and enforcing conservation easem	nents during the year
8	·	a line 2(d) above esticks the requirements of	inaction
O	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization rep	orts conservation assembnts in its revenue	
•	balance sheet, and include, if applicable, the t		
	the organization's accounting for conservation		iciai statements that describes
Pari		ctions of Art, Historical Treasures, o	r Other Similar Assets
		ered "Yes" to Form 990, Part IV, line 8.	. Guior Gilliai 7.000001
4-			and the second and haloman about
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
_	of public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		n, or research in furtherance
	of public service, provide the following amount		.
	(i) Revenues included in Form 990, Part VIII,	ine I	• \$
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of air		<u> </u>
_	following amounts required to be reported und Revenues included in Form 990, Part VIII, line		
a b	Assets included in Form 990, Part X		· · · · ▶ \$
U	raacta iiiciuucu iii i ciili 330. Fall A		– 5

Par	t III Organizations Maintaining	Collections of	Art Histor	rical Tr	easures o	r Othe	er Similar Asse	ts (continued)
3	Using the organization's acquisition, a							to (continuou)
3	use of its collection items (check all the		records, cr	icok ai iy	or the lonow	ing tria	t are a significant	
_	Public exhibition	at apply).	d \square	Loan	or exchange	nrograi	me	
а	=		" ⊢		or excitatinge	progra	1113	
b	Scholarly research		е	Other				
С	Preservation for future generation	ons						
4	Provide a description of the organization Part XIII	on's collections and	explain hov	w they fu	rther the org	anizati	on's exempt purpo	se in
5	During the year, did the organization s							□ vaa □ Na
	assets to be sold to raise funds rather		eo as part c	or the org	janization's C	onecuc)n? <u> </u>	Yes No
Part								
	Complete if the organization	answered "Yes"	to Form 9	90, Par	t IV, line 9,	or rep	orted an amoun	t on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, o		termediary	for contr	ibutions or o	ther as	sets not	
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	the follows	ng table		_		
								Amount
С	Beginning balance	•				10		0
d	Additions during the year					10		
е	Distributions during the year .		•			10		
f	Ending balance		•		•	1	f	0
2a	Did the organization include an amour	it on Form 990, Part	X, line 21?	٠.				Yes X No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here i	f the explar	nation ha	ıs been provi	ded ın	Part XIII .	
Part			•		<u> </u>		·	
, are	Complete if the organization	answered "Yes"	to Form 9	90 Par	t IV line 10			
	Complete II the organization	(a) Current year	(b) Pnor		(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance .	3,161,853		38,454		4,876	2,958,31	
	Contributions .	3, 10 1,000	0,0	750,454	0, 10	,4,0,0	2,550,510	0,010,022
b								
С	Net investment earnings, gains,	202 222	-	27,205		15,110	391,175	_
	and losses	392,323		27,205		15, 110	391,176	<u> </u>
ď	Grants or scholarships							
е	Other expenditures for facilities	404.077		103 006	10	14 242	104.61	60,207
	and programs .	101,077		103,806	10	1,312	194,614	+ 00,207
T	Administrative expenses .	2.452.000	2.4	104 050	2.02	88,454	2 454 976	2,958,315
g	End of year balance	3,453,099		161,853			3,154,876) 2,956,5 <u>15</u>
2	Provide the estimated percentage of the			e ig, co	iumin (a)) nei	iu as.		
a	Board designated or quasi-endowment		<u>%</u> .					
b	Permanent endowment	86%						
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2	14%	·/					
2-	Are there endowment funds not in the			that are	hold and ad	minieto	rad for the	
3a		possession of the of	garlization	liial ai e	neiu anu au	11111111516	ieu ioi tiie	Yes No
	organization by:							
	(i) unrelated organizations			•		•		
	(ii) related organizations							3a(ii) X 3b N/A
b	If "Yes" to 3a(ıı), are the related organiz	•						3D N/A
4	Describe in Part XIII the intended uses		s endowine	ent lunus	».	-		
Part			L-	00 D	L 1) / 1;	- 0	. F 000 D	4 V . C 40
	Complete if the organization							
	Description of property	(a) Cost or oth			st or other) Accumulated	(d) Book value
		(investme	-	basis	s (other)	***************************************	depreciation	
1a	Land	·	0		0			0
b	Buildings		0		0	<u> </u>	0	0
С	Leasehold improvements		0		0		0	0
d	Equipment		0		18,103	ļ	10,850	7,253
е	Other	.]	0		0		0	0
Total	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	0. Part X o	olumn (F	3) line 10(c))	•	7 253

(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	<u>, ` ,</u>	0	
	eld equity interests	0	
	· ·		
(B)			
		i l	
(F)			· · · · · · · · · · · · · · · · · · ·
(G) (H)			
	must equal Form 990, Part X, col (B) line 12)	▶ 0 ⋅	-
Part VIII	Investments—Program R Complete if the organizatio		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)			
(8)			
(9) Total. (Column (b)	must equal Form 990, Part X, col (B) line 13)	• 0	The fact of the second of the
(9) Total. (Column (b) Part IX	Other Assets.		Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) Part IX	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) Part IX (1) (2)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) a Part IX (1) (2) (3)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) Part IX (1) (2)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b) a Part IX (1) (2) (3) (4)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	n answered "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	n answered "Yes" to Form 990, (a) Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization	n answered "Yes" to Form 990, (a) Description	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization	n answered "Yes" to Form 990, (a) Description K, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b)) Part X	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25.	n answered "Yes" to Form 990, (a) Description K, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b)) Part X	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability	n answered "Yes" to Form 990, (a) Description K, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	n answered "Yes" to Form 990, (a) Description (b) Book value 0	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENCY	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE	n answered "Yes" to Form 990, (a) Description (b) Book value	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENC' (3) SECURI	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes	n answered "Yes" to Form 990, (a) Description X, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENCY	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE	n answered "Yes" to Form 990, (a) Description X, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENCY (3) SECURI (4)	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE	n answered "Yes" to Form 990, (a) Description X, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENC (3) SECURI (4) (5) (6) (7)	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE	n answered "Yes" to Form 990, (a) Description X, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENC (3) SECURI (4) (5) (6) (7) (8)	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE	n answered "Yes" to Form 990, (a) Description X, col (B) line 15)	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b)) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) AGENC (3) SECURI (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE ITY DEPOSITS PAYABLE	n answered "Yes" to Form 990, (a) Description (b) Book value (b) Book value (c) 600,008 4,027	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Column (b) (a) (b) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	Other Assets. Complete if the organization on (b) must equal Form 990, Part > Other Liabilities. Complete if the organization line 25. (a) Description of liability income taxes Y FUNDS PAYABLE ITY DEPOSITS PAYABLE	n answered "Yes" to Form 990, (a) Description (b) Book value (b) Book value (c) 600,008 4,027	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Page 1990, Page 199			Retur	n
1	Total revenue, gains, and other support per audited financial statements			1	6,249,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	, ,			912 1917.55
a	Net unrealized gains on investments	2a	300,301		
		2b	230,061		
b			230,001		
C	Recoveries of prior year grants	2c	127 201		
d	Other (Describe in Part XIII)	_2d	137,381		CC7 740
e	Add lines 2a through 2d			2e	667,743
3	Subtract line 2e from line 1	1 .		3	5,582,050
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	35,661		
ь	Other (Describe in Part XIII.)	4b	776,222		
С	Add lines 4a and 4b			4c	811,883
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	6,393,933
Part				er Ret	urn
	Complete if the organization answered "Yes" to Form 990, Pa	a <u>rt</u> IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements			1	6,170,250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	230,061		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d	62,550	7.2	
e	Add lines 2a through 2d		02,000	2e	292,611
3				3	5,877,639
		1 .	· ;	3	5,011,039
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	25.004		
а •	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,661		
b	Other (Describe in Part XIII)	_4b_	691,325		700 000
C	Add lines 4a and 4b	_		4c	726,986
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	· · ·	5	6,604,625
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I				4; Part X, line
2; Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro	ovide ar	ny additional informa	ition.	
Part X	Line 2 - ASTRAEA ADOPTED FINANCIAL ACCOUNTING STANDARDS BOAF	RD ("FA	SB") GUIDANCE O	N	
LINCE	RTAIN INCOME TAX POSITIONS IN ITS FINANCIAL STATEMENTS. ASTRAE	ARECO	OGNIZES THE FFE	FCT	
.01101					
OE TA	X POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING	SUIST	NNED MANAGEMI	PI TIME	
OF IF	A POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING	30317	AINED. MANAGEMI	-141 19	
NOT	WATER OF ANY MICHATION OF ITO TAY CTATUS AS AN ORGANIZATION FY		TO NATINICO NATITAN	, C.C.	
NOIA	WARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EX	FINIPIF	ROW INCOME TAX	<u>.E9.</u>	
Part X	I Line 2d - FOREIGN CURRENCY TRANSLATION GAINS OF \$74,831, RENTA	AL EXPE	NSES CHARGED		
TO RE	NTAL INCOME OF \$50,426 AND DIRECT EVENT EXPENSES OF \$12,124		•••••		
Part X	I Line 4b - REVENUE OF SPONSORED PROJECTS				
Part X	II Line 2d - RENTAL EXPENSES OF \$50,426 ATTRIBUTABLE TO RENTAL INC	COMEA	ND DIRECT		
EVEN	T EXPENSES OF \$12,124				
	T EXPENSES OF \$12,124				
Part Y	II Line 4b - EXPENSES OF SPONSORED PROJECTS				
	ILLING ID - DA ENGLO OF OF ONOONED FROMEOTO				
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Schedule D (Form		The Astraea Le	sbian Foundation	for Justice, Inc_			13-2992977	Page 5
Part XIII	Supple	emental Inform	nation (continue	d)				
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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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number 13-2992977

The Astraea Lesbian Foundation for Justice, Inc. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 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 No the grants or assistance? . . . 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. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is offices in the employees, region (by type) (e g, a program service, expenditures for describe specific type of agents, and fundraising, program and investments region independent services, investments, service(s) in region in region contractors grants to recipients located in the region) in region **PROGRAM ACTIVITIES ACCOMMODATIONS** South America 1,370 0 **PROGRAM ACTIVITIES CONSULTANTS** South Asia 2,600 0 PROGRAM ACTIVITIES CONSULTANTS Europe 0 700 (3) PROGRAM ACTIVITIES CONSULTANTS Sub-Saharan Africa 3,000 (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14) (15) (16)(17)3a Sub-total . . . 0 4 7.670 **b** Total from continuation 0 0 sheets to Part I . . . 0 C Totals (add lines 3a and 3b) 7,670

Schedule F (Form 990) 2013	The Astraea	Lesbian Foundation fo	r Justice, Inc			13	3-2992977	Page 2
Part II Grants	and Other As	sistance to Organia	zations or Entities	Outside the Unit	ed States. Comple	ete if the organiza	tion answered "Yes"	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	y recipient who recei	(d) Purpose of grant	JU. PAIT II CAILDE (e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean	Grants to recipients located in the region	95,700	Wire Transfers			
(2)	_	East Asia and the Pacific	Grants to recipients located in the region	313,000	Wire Transfers			
(3)		Europe	Grants to recipients located in the region		Wire Transfers			
(4)		Middle East and North Africa	Grants to recipients located in the region	15,000	Wire Transfers			
(5)		North America	Grants to recipients located in the region		Wire Transfers			
(6)		Russia and the Newly Independent States	Grants to recipients located in the region		Wire Transfers			
(7)		South America	Grants to recipients located in the region	567,181	Wire Transfers			
(8)		South Asia	Grants to recipients located in the region	114,000	Wire Transfers			
(9)		Sub-Saharan Africa	Grants to recipients located in the region	382,760	Wire Transfers			
(10)								
(11)								
(12)								
(13)								
(14)								
(15)	,							
(16)								

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

3 Enter total number of other organizations or entities

(18)

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 Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of recipients cash grant of non-cash assistance cash non-cash valuation disbursement assistance (book, FMV. appraisal. other) (5) (8) (9) (10) (11) (12) (13)(14)(15) (16)(17)

Schedu	ile F (Form 990) 2013	The Astraea Lesbian Foundation for Justice, Inc	13-299	2977	Page 4
Part	IV Foreign Fo	orms			
1	the organization ma	on a U.S transferor of property to a foreign corporation during the tax year? If "Yes," by be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign structions for Form 926).	Yes	X No	
2	may be required to Receipt of Certain F	n have an interest in a foreign trust during the tax year? If "Yes," the organization file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With Instructions for Forms 3520 and 3520-A)	Yes	X No	
3	the organization ma	n have an ownership interest in a foreign corporation during the tax year? If "Yes," by be required to file Form 5471, Information Return of U.S. Persons With Respect To reporations (see Instructions for Form 5471)	Yes	X No	
4	qualified electing fur Information Return I	on a direct or indirect shareholder of a passive foreign investment company or a and during the tax year? If "Yes," the organization may be required to file Form 8621, by a Shareholder of a Passive Foreign Investment Company or Qualified Electing ons for Form 8621).	Yes	X No	
5	the organization ma	n have an ownership interest in a foreign partnership during the tax year? If "Yes," by be required to file Form 8865, Return of U.S. Persons With Respect To Certain (see Instructions for Form 8865)	Yes	X No	
6		h have any operations in or related to any boycotting countries during the tax year? If tion may be required to file Form 5713, International Boycott Report (see Instructions	Yes	X No	

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	lemen			[4] [] [] []

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

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

ivities. Complete if the sare not required to connication raised funds through the same not required to connications a written or oral agreeme orm 990, Part VII) or entitiest paid individuals or entitiest \$5,000 by the organizational	omplete the pugh any of e S f S g S sent with any by in connection (iii) Did fun custody o	nis part. the following olicitation of olicitation of pecial fund and individual tion with present the second of the second olicitation with present the second olicitation of the second olicitation olicitation of the second olicitation olic	ng activities Check a of non-government go of government grants raising events (including officers, co rofessional fundraisi	all that apply grants s s directors, trustees ong services?	r Yes No draiser is (vi) Amount paid to (or retained by)
is are not required to construction raised funds through the constructions as a written or oral agreement or many of the paid individuals or entitiest \$5,000 by the organizations.	omplete the pugh any of e S f S g S sent with any cy in connectes (fundraistion (iii) Did funcustody of contribution	nis part. the following olicitation of olicitation of pecial fund and individual ation with presers) pursured of outloos?	ng activities Check and non-government grants of government grants raising events (including officers, corefessional fundraising ant to agreements ut	all that apply grants s directors, trustees or ng services? under which the fund (v) Amount paid to (or retained by) fundraiser listed in	Yes No draiser is (vi) Amount paid to (or retained by)
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st \$5,000 by the organizat	(iii) Did fun custody o contrib	draiser have r control of utions?	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
ual (ii) Activity	custody o contrib	r control of utions?		(or retained by) fundraiser listed in	(or retained by)
	Yes	No		(7)	organization
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organization is registered	d or licensed	d to solicit			xempt from
	organization is registered	organization is registered or licensed	organization is registered or licensed to solicit	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

Enter the state(s) in which the organization operates gaming activities:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .

Sched	ule G (Form 990 or 990-EZ) 2013 The Astraea Lesbian Foundation for Justice, Inc.	13-2992977 Pa	ge 3
11	Does the organization operate gaming activities with nonmembers?	Yes N	10
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	. Yes N	10
13	Indicate the percentage of gaming activity operated in:	i —	
а	The organization's facility		%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes N	ło
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ 0 and the		
	amount of gaming revenue retained by the third party \$ 0		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ► \$0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes N	10
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		^
Part	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v) and	0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to p		
	additional information (see instructions).		
			
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SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number The Astraea Lesbian Foundation for Justice, Inc. 13-2992977 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part II Part IV. line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government if applicable grant cash assistance non-cash assistance or assistance other) (1) SEE SCHEDULE 1 ATTACHED (9) (10) (11) (12) Enter total number of other organizations listed in the line 1 table

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
t IV Supplemental Information. F	Provide the information r	equired in Part I, Iii	ne 2, Part III, columr	n (b), and any other addi	tional information.
I Line 2 - ASTRAEA REQUIRES GRANT R	ARRATIVE AND FINANCIA	L REPORTS AT THE	END OF THE GRANT	PERIOD, WHICH IS TYPIC	ALLY BETWEEN SIX MONTHS
		MENIS GRANIRE	CIPENTS OF MULTI-Y	YEAR GRANTS MUST SUB	MIT NARRATIVE AND
				WING GRANT YEAR ASTE	
D ONE YEAR. MULTI-YEAR GRANTS ARE IANCIAL REPORTS FOR EACH COMPLET RRATIVE AND FINANCIAL REPORTS TO A	ED YEAR PRIOR TO DISB	URSEMENT OF FUN	IDS FOR THE FOLLO		RAEA'S STAFF EVALUATES
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The Astraea Lesbian Foundation for Justice, Inc.
EIN 13-2992977
2013 Form 990, Schedule I, Part II
Grants and other assistance to Organizations in the United States
Recipients that received more than \$5,000

Name of the Occupants of			IRC	Amount of	•
	Address	EIN	section	Cash Grant	Purpose
Affinity Community Services	1424-28 E 53rd Street, Suite 306, Chicago, IL 60615	36-4157571	501(c)(3)		General Support
	701 Tillery Street, Box 4, Austin, TX 78702	74-2495181	501(c)(3)		General Support
AllOut c/o Purpose Foundation	115 Fifth Avenue, 6th Floor, New York, NY 10003	27-3106760	501(c)(3)	5,405	General Support
Arizona Queer Undocumented Immigrant Project (Az-QUIP) c/o Chicanos Por La	-		 		
Causa, Inc	1112 E Buckeye Road, Phoenix, AZ 85034	86-0227210	501(c)(3)	10 000	General Support
Audre Lorde Project, Inc	147 West 24th Street, 3rd Floor, New York, NY 10011		501(c)(3)		General Support
Audre Lorde Project, Inc	147 West 24th Street, 3rd Floor, New York, NY 10011		501(c)(3)	3 475	21st Century Fellowship
Black and Pink c/o Out Now	P O Box 5321, Springfield, MA 01101		501(c)(3)	10,000	General Support
BreakOut! c/o Social and Environmental Entreprenuers	22231 Mulholland Hwy, Suite 209, Calabasas, CA 91302		501(c)(3)	10,000	General Support
Chicana Latina Foundation	1429 Burlingame Avenue, Suite W-2, Burlingame, CA 94010		501(c)(3)	5 404	General Support
China LGBT Information Center	1347 N Vista Street, #111, Los Angeles, CA 90046		501(c)(3)	3,404	General Support
	901 Mission Street, Suite 105, San Francisco, CA 94103			25,000	General Support
· · · · · · · · · · · · · · · · · · ·	789 Sherman Street, Suite 250, Denver, CO 80203	84-1493585	501(c)(3)	5,404	General Support
	127 Collingwood Street, San Francisco, CA 94114		501(c)(3)	10,000	General Support
Familia Trans Queer Liberation Movement (Familia TQLM) c/o Mexican American	127 Collingwood Street, San Francisco, CA 94114	94-3227296	501(c)(3)	15,000	General Support
	004.0.0		I		
 	634 S Spring Street, 11th Floor, Los Angeles, CA 90014		501(c)(3)		General Support
	601 Bayview, Madison, WI 53715		501(c)(3)	25,000	General Support
Funders for Lesbian and Gay Issues, Inc. dba Funders for LGBTQ Issues	116 East 16th Street, 7th Floor, New York, NY 10003		501(c)(3)		Technical Assistance
Funders for Lesbian and Gay Issues, Inc. dba Funders for LGBTQ Issues	116 East 16th Street, 7th Floor, New York, NY 10003	13-4144494	501(c)(3)	2,500	2014 Institutional Membership
Gay and Lesbian Victory Institute c/o Gay and Lesbian Leadership Institute	1133 15th Street NW, Suite 350, Washington, DC 20010	52-1835268	501(c)(3)	236,897	Global LGBT Human Rights Partnersh
					New GSA's in New Orleans Public
Gay-Straight Alliance Network	1550 Bryant Street, Suite 600, San Francisco, CA 94103	20-5367752	501(c)(3)	150,000	Schools
Gender Expansion Project (GEP) c/o Western Montana Community Center	127 N Higgins Avenue, Suite 202, Missoula, MT 59802	81-0537207	501(c)(3)		General Support
Gender Justice Los Angeles	6815 W Willoughby Ave, Ste 203, Los Angeles, CA 90038	43-1958548	501(c)(3)		General Support
Immigrant Youth Coalition (IYC) c/o National Day Laborer Organizing Network			1		
(NDLON)	675 S Park View Street, Los Angeles, CA 90057	20-8802586	501(c)(3)	15 000	General Support
International Gay and Lesbian Human Rights Commission (IGLHRC)	80 Maiden Lane, Suite 1505, New York, NY 10038		501(c)(3)		General Support
		3.3.00002	100.(0)(0)		Safe Schools Coalition and Certification
Juvenile Justice Project of Louisiana	1600 Oretha Castley Haley Blvd, New Orleans, LA 70113	72-1403026	501(c)(3)		Protocol
	4337 Manchester Avenue, St. Louis, MQ 63110		501(c)(3)		General Support
	870 Market Street, Suite 370, San Francisco, CA 94102		501(c)(3)		General Support
	217 N Prieur Street, New Orleans, LA 70112		501(c)(3)		
	217 IT T Hour Greet, New Orleans, LA 70112	33-1107413	301(0)(3)		From Vice to Ice Campaign
Nollie Jenkins Family Center, Inc	P O Box 276, Lexington, MS 39095	64 0047007	504(-)(0)		LGBTQ Cultural Competency Curricula
	P O Box 276, Lexington, MS 39093 P O Box 6743, Portland, OR 97228		501(c)(3)		for Local Organizers
The state of the s			501(c)(3)		General Support
	1601 Guilford Avenue, 2 South, Baltimore, MD 21202		501(c)(3)		General Support
	9 Gammon Avenue, Atlanta, GA 30315	58-1956686	501(c)(3)		Unite to Fight Organizing Drive
	669 Elmwood Ave, Ste B-7, Box 19, Providence, RI 02907	65-1224536	501(c)(3)		General Support
Racial Justice Action Center c/o Movemen Strategy Center	436 14th Street, 5th Floor, Oakland, CA 94612	20-1037643	501(c)(3)	150,000	SNaP Coaltion
Southeast Immigrant Rights Network (SEIRN) do Tennessee Immigrant and			1		
	446 Metroplex Drive, Bldg A, Suite 224, Nashville, TN 37211		501(c)(3)	15,000	General Support
	250 Georgia Avenue, Suite 201, Atlanta, GA 30312	61-1274170	501(c)(3)	15,000	General Support
Trans Youth Support Network (TYSN) c/o aMaze	P O Box 19578, Minneapolis, MN 55419	41-1972162	501(c)(3)		General Support
Transgender, Gender Variant and Intersex Justice Project c/o Justice Now	1322 Webster Street, Suite 210, Oakland, CA 94612 385 Charles E Young Drive, Los Angeles, CA 90095		501(c)(3)		General Support

 Total over \$5,000
 1,499,511

 Others under \$5,000
 87,945

 Grand Total
 1,587,456

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► See separate instructions. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

13-2992977

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The A	Astraea Lesbian Foundation for Justice, Inc	13-2992977		
Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these	In Form Items		
	First-class or charter travel Housing allowance or residence for personal	i use		
	Travel for companions Payments for business use of personal resid	ience		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, che	ef)		
				!
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	ent	ļ	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	. 1b	N/A	
	explain	· 15	14//	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		-	
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in	line]	
	1a?	. 2	N/A	
			1 .	١.٠
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	d by a		, ,
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods use	J by a		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			1.2
	Compensation committee	`		0,3
	Independent compensation consultant X Compensation survey or study		' '	
	X Form 990 of other organizations X Approval by the board or compensation com	mittee	· ·	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	n '		
4	organization or a related organization	,	, , ,	บรู้
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<u>4c</u>	ļ	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	111.		*:
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			. ,
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	,		
•	compensation contingent on the revenues of:			
а	The organization?	5a	<u> </u>	X
b	Any related organization?	<u>5b</u>	ļ	X
	If "Yes" to line 5a or 5b, describe in Part III			:
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of.			
а	The organization?	. 6a		Х
b	Any related organization?	<u>6b</u>	<u> </u>	Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	ļ	 	 -
•	payments not described in lines 5 and 6? If "Yes," describe in Part III			х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	· · · · · · ·	1	 ^`
-	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," des	cribe		
	ın Part III	8		X
]	ļ	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		.,,,	
	Populations section 53 4958 6(a)?	1 Q	I N/A	1

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

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

THOSE. THE SUM OF COLUMNS (DAM) (III) ICI	COUNTINGE I	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	Section A, line 1a, applicable column (D) and (E) amounts for that inc				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990	
JENNIFER BOB ALOTTA	(i)	149,890	0	0	2,204	22,280	174,374	0	
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	,	0	0	7	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)					<u></u>			
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8	(ii)								
9	(i) (ii)								
	(i)			·· ·					
10	(ii)							 	
10	(i)								
11	(ii)								
	(i)			-2	_				
12	(ii)								
	(i)	<u> </u>		*********					
13	(ii)								
	(i)								
14	(ii)		·					 	
	(i)								
15	(ii)]	
	(i)								
16	(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

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

Open To Public Inspection

Name of the organization

Employer identification number

13-2992977 The Astraea Lesbian Foundation for Justice, Inc.

<u>P</u> ai	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) d of dete ontribut	erminin	g ounts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications.							
5	Clothing and household goods							
6	Cars and other vehicles				 			
7	Boats and planes	h						
8	Intellectual property	h			<u> </u>			
9	Securities—Publicly traded .	X	28	1 165 995	FAIR MARI		1115	
10	Securities—Closely held stock	 	20	1,100,000	FAIN WAN	VE I VA	ILUE	
11	Securities—Partnership, LLC,	 		···· · · · · · · · · · · · · · · · ·				
••	or trust interests	1 1						
12	Securities—Miscellaneous							
13	Qualified conservation	 			 			
10	contribution—Historic							
	structures							
14	Qualified conservation							
17	contribution—Other	}						
15	Real estate—Residential	 						
16	Real estate—Commercial	 						
17	Real estate—Other .	 						
18	Collectibles	 						
19	Food inventory	 						
20	Drugs and medical supplies							
21	Taxidermy	 						
22	Historical artifacts							
23	Scientific specimens		·····					
24	Archeological artifacts	 						
25	Other ► ()	 						
26	Other ► ()	 						
27	Other ► ()							
 28	Other ► (·-					
 29	Number of Forms 8283 received b	y the organ	ızatıon during the tax year f	or contributions for				
	which the organization completed				29			
	mion are organization completed	1 01111 0200,	Tarry, bonder tollionica,				Yes	No
30a	During the year, did the organizati	on receive h	ov contribution any property	renorted in Part L lines 1 - 3	28	Г	163	110
-	that it must hold for at least three		• • • •	•	20,		,	:
	required to be used for exempt pu	-				30a		X
b	If "Yes," describe the arrangement		ic citale flolding period: .		• •	30a	.	
31	Does the organization have a gift		noticy that requires the revi	ew of any non-standard		1		ļ. i
- 1						}		X
32a	Does the organization hire or use					31		_^_
JZA	noncash contributions?					320	, ,	1
h	If "Yes," describe in Part II.					32a	X	
ь 33	If the organization did not report a	n amount in	column (a) for a type of are	nerty for which column (a)	6		.	
JJ	checked, describe in Part II	ii aiiiouiil Ifi	column (c) for a type of pro	perty for which column (a) i	5			

Schedule M (Form 990) (2013) The Astraea Lesbian Foundation for Justice, Inc	13-2992977 Page 2
 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, an the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information. 	d 33, and whether of items received,
Part I Line 9 - THE ORGANIZATION REPORTED THE NUMBER OF ITEMS CONTRIBUTED	
Part I Line 32b - ALL STOCK DONATIONS ARE SOLD UPON RECEIPT BY FIDELITY UNDER THE GUIDANCE	
OF VERIS WEALTH PARTNERS.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

OMR No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Astraea Lesbian Foundation for Justice, Inc. 13-2992977 Form 990, Part VI, Section A, Line 3 ASTRAEA ENGAGED A FISCAL MANAGEMENT FIRM TO OVERSEE ITS FISCAL DEPARTMENT. Form 990, Part VI, Section B, Line 11b: FORM 990 WAS DISTRIBUTED TO THE BOARD PRIOR TO IT BEING FILED. THE 990 WAS REVIEWED BY THE AUDIT COMMITTEE PRIOR TO THE SUBMISSION Form 990, Part VI, Section B, Line 12c: EACH BOARD MEMBER COMPLETES AN ANNUAL CONFLICT OF INTEREST POLICY DISCLOSURE WHICH THEY SIGN OFF ON THEN IT IS REVIEWED TO DETERMINE IF THERE IS A CONFLICT. Form 990, Part VI, Section B, Line 15 ASTRAEA CONDUCTS A COMPREHENSIVE ASSESSMENT EVERY TWO YEARS TO COMPARE ITS STAFF'S SALARIES TO SEVERAL OTHER FOUNDATIONS WITH SIMILAR VALUES AND VARIOUS BUDGETS DATA IS COLLECTED FROM EXISTING SALARY SURVEYS PUBLISHED ON A YEARLY BASIS BY NON-PROFIT ORGANIZATIONS SUCH AS GUIDESTAR, PROFESSIONAL FOR NOT-FOR-PROFITS AND NON-PROFIT COORDINATING COMMITTEE OF NEW YORK THIS ANALYSIS IS PREPARED BY THE DEPUTY DIRECTOR THE INFORMATION COLLECTED IS PRESENTED TO THE EXECUTIVE DIRECTOR FOR A FINAL DECISION ON ALL STAFF HOWEVER, DECISIONS REGARDING THE EXECUTIVE DIRECTOR'S SALARY ASSESSMENT ARE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL IN THE LAST FEW YEARS, ASTRAEA HAS ACQUIRED A SOFTWARE FROM A COMPANY FOCUSING ON COMPARATIVE SALARY ANALYSIS DATA CALLED ERI ERI WAS FOUNDED IN 1987 TO PROVIDE COMPENSATION, BENEFITS AND HUMAN RESOURCE RESEARCH FOR PRIVATE AND PUBLIC ORGANIZATIONS IN THE FORM OF PUBLISHED REPORTS AND SOFTWARE DATABASE PRODUCTS REVENUES FOR ERI ARE EARNED SOLELY FROM THESE COST-OF-LIVING AND SALARY SURVEY SOFTWARE AND PUBLICATION SALES. ERI DATA IS RENEWED QUARTERLY ENABLING ASTRAEA TO STAY UP TO DATE ON TRENDS IN THE **HUMAN RESOURCE AND COMPENSATION FIELD** Form 990, Part VI, Section C, Line 19 ASTRAEA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990, Part XI, Line 9: OTHER CHANGE IN NET ASSETS INCLUDE FOREIGN CURRENCY TRANSLATION GAINS OF \$74,831 AND NET CHANGE IN SPONSORED PROJECTS' NET ASSETS OF -\$84,897.

Form 990, Part IX, Line 11g - OTHER CONSULTANTS INCLUDE PAYROLL PROCESSING SERVICES \$22,806

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization The Astraea Lesbian Foundation for Justice, Inc.	Employer identification number 13-2992977
STRATEGIC PLANNERS \$66,389, PROPOSAL WRITING CONSULTANTS \$18,144, COMMUNIC	
\$21,280, TRANSLATIONS \$10,931, DEVELOPMENT CONSULTANTS \$3,200, RESOURCE DEV	
HR CONSULTANT \$52,687, GLOBAL PHILANTHROPY PROJECT CONSULTANTS \$137,813, L	
\$40,395, PROGRAM CONSULTANTS \$188,906, PIPELINE PROJECT CONSULTANTS \$124,870	
CONSULTANTS \$1,050	
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Page 2				
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	complete Part II if you have already been gr			previously filed For	m 8868.		
	e filing for an Automatic 3-Month Extensio	n, comple	te only Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
			Enter fil	er's identifying nun			
Type or	Name of exempt organization or other filer, see instructions.			Employer identification	identification number (EIN) or		
print	THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.			13-2992977			
	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number	er (SSN)	_	
File by the due date for	116 EAST 16TH STREET, 7TH FLOOR						
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
return. See instructions	NEW YORK, NY 10003						
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each re	eturn)		01	
Application	<u> </u>	Return	Return Application			Return	
Is For	•	Code	is For			Code	
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	r Form 990-EZ	01				08	
Form 990-B		02	Form 1041-A			09	
Form 4720		03	Form 4720 (other than individual)				
Form 990-P		04	Form 5227			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-1	(trust other than above)	06	Form 8870			12	
 If the org If this is f for the whole list with the I 4 I requ 5 For ca 6 If the C 7 State AN /li>	anization does not have an office or place of a Group Return, enter the organization's group, check this box	four digit (If it is for p ion is for. until ginning months, c ADDITION	Froup Exemption Number (GEN) part of the group, check this box. 5/15/2015 7/1/2013 heck reason: Initial ret NAL TIME IS REQUIRED TO COI E ORGANIZATION'S MANAGEM	and ending urn Final ret MPILE DATA NECE	. If the and and 6/30/2014 G/30/2014 JITH SSARY F6	OR	
	fundable credits. See instructions.	50-1, 47 2 0,	or cood, chief the terrative tax,		a \$	0	
	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any						
	int paid previously with Form 8868.	your overp	aymon anowa 20 a ordan and c	_	b \$	0	
		de vour na	yment with this form, if required		- •		
	c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$					0	
	Signature and Vering sets of perjury, I declare that I have examined thin the belief, it is true, correct, and complete, and the set of the set	s form, inclu	norized to prepare this form.	•		y 3/2015	
	manifer pro-	•				(Rev 1-2014)	

Form 8868 (Rev. 1-2014)

Certified Public Accountants

50 Broad Street, Suite 1837 New York, New York \$.0004 Tel: (212) 785-4600

Fax: (212)785-4601

MEMBERS AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS NEW YORK STATE SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

TAX RETURN TRANSMITTAL MEMORANDUM

Date of this transmittal	April 21, 2015	
Taxpayer:	The Astraea Lesbian Foundation for Justice, Inc	
Title of Return:	Internal Revenue Service	
	Return of Organization Exempt from Income Tax	
Form # and Period Covered:	Form - 990 6/30/14	
1. Return due on or before	<u>5/15/2015</u>	
2. Tax Due	<u>\$0</u>	
3. Check payable to order of	Not applicable	
4. Signatures required on	Form 990 page 1	
5. File return with	Ogden Internal Revenue Service Center	
	Ogden UT 84201	
6. To be attached to return		
by your office	None	
7. Miscellaneous instructions	Sign taxpayer's copy for future references	
8. Mailing instructions	Certified Mail with Return Receipt Requested	
9. Additional copies enclosed		
(marked "taxpayer's Copy")	Yes	