Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

G The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2007 calendar year, or tax year beginning 7/01 2007, and ending 6/30 D Employer Identification Number Check if applicable THE ASTRAEA LESBIAN FOUNDATION FOR Address change 13-2992977 IRS label or print or type See JUSTICE, INC. 116 EAST 16TH STREET, 7TH FLOOR Telephone number Name change 212-529-8021 Initial return specific Instruc-NEW YORK, NY 10003 Termination Cash X Accrual Other (specify) G Amended return ? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. Application pending H (a) Is this a group return for affiliates? H (b) If Yes, enter number of affiliates. G G Web site: G HTTP://WWW.ASTRAEA.ORG H (C) Are all affiliates included? (If 'No.' attach a list. See instructions.) Organization type G X 501(c) 3 H (insert no.) H (d) Is this a separate return filed by an organization covered by a group ruling? Check here G if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number . G Check G if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 4, 377, 763 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 3,640,607 b Direct public support (not included on line 1a) 1b 10 d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 3,640,607. noncash \$ 3,640,607. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 103,338 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 564,123. 5 Dividends and interest from securities 5 6a Gross rents 6b c Net rental income or (loss). Subtract line 6b from line 6a. 6c 7 Other investment income (describe G 7 (B) Other (A) Securities 8a Gross amount from sales of assets other 8a 86 b Less: cost or other basis and sales expenses 8c d Net gain or (loss). Combine line 8c, columns (A) and (B). 8d 9 Special events and activities (attach schedule). If any amount is from gaming, check here..... G a Gross revenue (not including \$ _____ of contributions reported on line 1b)..... b Less: direct expenses other than fundraising expenses. 9b c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 69,695 11 4,377,763. 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . 12 13 Program services (from line 44, column (B)) 13 3,487,051. 14 458,134. 14 Management and general (from line 44, column (C)) 15 535,987. 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule) 16 4,481,172. 17 17 Total expenses. Add lines 16 and 44, column (A). 18 Excess or (deficit) for the year. Subtract line 17 from line 12 -103,409. 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 7,218,038. 20 Other changes in net assets or fund balances (attach explanation) See Statement 1 -375,516. 6,739,113. Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

E	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
228	Grants paid from donor advised				THE PROPERTY.	
	funds (attach sch)					
	(cash \$					
	non-cash \$) If this amount includes					
	foreign grants, check here G	22a				
221	Other grants and allocations (att sch)	8				
	(cash \$)	1		1		
	\$22754625725511.					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24				
258	Compensation of current officers, directors, key employees, etc. listed					
	in Part V-A	25 a	612,351.	468,393.	71,979.	71,979.
t	Compensation of former officers,					
	directors, key employees, etc. listed in Part V-B.	25 b	0.	0.	0.	0.
(Compensation and other distributions, not	20.0		7.1		
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section	25 c	0.	0.	0.	0.
		230	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	388,450.	225,171.	62,407.	100,872.
27	Pension plan contributions not					
21	included on lines 25a, b, and c	27				
28	Employee benefits not included on					
condu	lines 25a - 27					
29	Payroll taxes		261,537.	180,304.	35,098.	46,135.
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees Supplies	33	19,372.	6,584.	10,260.	2,528.
33	Telephone.	34	20,834.	14,363.	2,796.	3,675.
35	Postage and shipping.		6,646.	5,418.	690.	538.
36	Occupancy	36	145,042.	99,994.	19,466.	25,582.
37	Equipment rental and maintenance	37	29,712.	7,642.	15,069.	7,001.
38	Printing and publications	38				
39	Travel	39	67,204.	36,977.	16,542.	13,685.
40	Conferences, conventions, and meetings.	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	17,744.	12,233.	2,382.	3,129.
43	[일: [일: [일: [일: []]] [[] [[] [] [] [[] [] []	42.0	2,912,280.	2,429,972.	221,445.	260,863.
9	See Statement 2	43a 43b	2,912,200.	2,429,912.	221,445.	200,003.
		43 C				
0		43d				
е		43e				
f		431				
C		43 g				
100						
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	4,481,172.	3,487,051.	458,134.	535,987.
	Costs Check G if you are following					C V
	any joint costs from a combined educationa					G Yes X No
\$	es,' enter (i) the aggregate amount of these		s — ֆ Management and gene		nount allocated to Progra	amount allocated
	indraising \$, die (iv) die	

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of lents served, publications issued, etc. Discuss achievements that are not measured (Section Bro()(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also entire the amount of grants and allocations to others.) a Providing critically needed financial support to Lesbian-Led, Trans, LGBTI and progressive organizations (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G	ganization. How the public of	erceíves an organiza	some people, serves as the primary or sole source of information aboution in such cases may be determined by the information presented on ate and fully describes, in Part III, the organization's programs and acc	its return. Therefore,
Grants and allocations \$) If this amount includes foreign grants, check here G 3,422,414 [Grants and allocations \$) If this amount includes foreign grants, check here G 3 [Grants and allocations \$) If this amount includes foreign grants, check here G 3 [Grants and allocations \$) If this amount includes foreign grants, check here G 3 [Grants and allocations \$) If this amount includes foreign grants, check here G 3 [Grants and allocations \$) If this amount includes foreign grants, check here G 3			? G See Statement 3 se achievements in a clear and concise manner. State the number of hievements that are not measurable. (Section 501(c)(3) and (4) organism and also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts: but optional for others.)
(Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G (Grants and allocations \$) If this amount includes foreign grants, check here G			Value 4014 - 47242	
(Grants and allocations \$) If this amount includes foreign grants, check here G	NAV	\$) If this amount includes foreign grants, check here G	3,422,414.
(Grants and allocations \$) If this amount includes foreign grants, check here G				
(Grants and allocations \$) If this amount includes foreign grants, check here G		\$) If this amount includes foreign grants, check here G	
W W	(Grants and allocations d			
W W				
	(Grants and allocations e Other program services	\$) If this amount includes foreign grants, check here G	

) If this amount includes foreign grants, check here G

BAA

(Grants and allocations

3,422,414. Form 990 (2007)

Not	te: Where required, attached schedules and amounts wit column should be for end-of-year amounts only.	hin the desc	ription	(A) Beginning of year		(B) End of year	
	45 Cash ' non-interest-bearing		48 1 888 1888 1 1888 1 1	1,410,306.	45	54,975.	
	46 Savings and temporary cash investments			155,641.	46	538,653.	
		or r					
	47a Accounts receivable		15,719.	45 75			
	b Less: allowance for doubtful accounts	47 b		25,429.	47c	15,719.	
		40	025 627		9-1		
	48a Pledges receivable b Less: allowance for doubtful accounts		835,627.	2,714,299.	48c	835,627.	
	49 Grants receivable			2,714,299.	49	033,027.	
					45		
	50 a Receivables from current and former officers, direc employees (attach schedule)				50a		
А	b Receivables from other disqualified persons (as def and persons described in section 4958(c)(3)(B) (att	ined under s ach schedul	section 4958(f)(1)) e)		50b		
ASSETS	51a Other notes and loans receivable (attach schedule)						
S	b Less: allowance for doubtful accounts	51 b			51c		
	52 Inventories for sale or use				52		
	53 Prepaid expenses and deferred charges			58,212.	53	96,212.	
	54a Investments ' publicly-traded securities	G	Cost X FMV	5,358,837.	54a	6,291,093.	
	b Investments ' other securities (attach sch)		Cost X FMV		54b		
	55a Investments ' land, buildings, & equipment: basis	55 a			3-1		
	b Less: accumulated depreciation (attach schedule)	55 b			55 C		
	56 Investments ' other (attach schedule)	ong wego			56		
	57a Land, buildings, and equipment: basis	57 a	89,064.				
	b Less: accumulated depreciation (attach schedule)	21,667.	57 c	28,020.			
	58 Other assets, including program-related investment		61,044.				
)	1,080,858.	58	4,003,168.	
	59 Total assets (must equal line 74). Add lines 45 thro	ugh 58		10,825,249.	59	11,863,467.	
	60 Accounts payable and accrued expenses			152,373.	60	227,753.	
	61 Grants payable			1,726,770.	61	1,723,116.	
L	62 Deferred revenue				62		
B	63 Loans from officers, directors, trustees, and key						
L	employees (attach schedule)				63		
+	64a Tax-exempt bond liabilities (attach schedule).				64 a		
E	b Mortgages and other notes payable (attach schedule).		X	1 720 060	64 b	3,084,946.	
5	65 Other liabilities (describe G. See Statemen) 66 Total liabilities. Add lines 60 through 65	<u> </u>). }	1,728,068. 3,607,211.	65 66	5,035,815.	
-		and comple	ata linos 67	3,007,211.	00	3,033,013.	
N E T	through 69 and lines 73 and 74.	Taura combis	ete illies 67				
	67 Unrestricted			329,302.	67	385,984.	
ASS	68 Temporarily restricted			3,837,928.	68	3,425,763.	
AUMEN O	69 Permanently restricted			3,050,808.	69	3,015,905.	
100.00	Organizations that do not follow SFAS 117, check here O		d complete lines			A STATE OF THE PARTY OF THE PAR	
OR F	70 through 74.		NAMES OF THE OWNERS OF THE OWNER, WHEN				
FUZD	70 Capital stock, trust principal, or current funds				70		
	71 Paid-in or capital surplus, or land, building, and equ						
A	72 Retained earnings, endowment, accumulated incom	ne, or other	funds	A VIII A	72		
BALAZOES	73 Total net assets or fund balances. Add lines 67 thro	ough 69 or li	nes 70 through	GEO SECTIONS SECTIONS		SE VINIVATOR VINIVERNA	
Ĕ	72. (Column (A) must equal line 19 and column (B)			7,218,038.	73	6,827,652.	
	74 Total liabilities and net assets/fund balances. Add li	ines 66 and	73	10,825,249.	74	11,863,467.	

P	art IV-A Reconciliation of Revenuinstructions.)	ue per Audited Financia	al Statements with	Revenue per Ret	urn (See the
a	Total revenue, gains, and other support	*	nts		a 4,002,247.
b	Amounts included on line a but not on P		b1	275 516	
	Net unrealized gains on investments Donated services and use of facilities			-375,516.	
	3 Recoveries of prior year grants				
	4 Other (specify):		12332		
	Add lines b1 through b4		ryani i Nanyin Valinnawani		ь -375,516.
C	Subtract line b from line a			DESCRIPTION OF THE PROPERTY OF	c 4,377,763.
d	Amounts included on Part I, line 12, but		1 ~~1	100	
	1 Investment expenses not included on Pa				
	2 Other (specify):				
	Add lines d1 and d2				d 4 277 762
e	Total revenue (Part I. line 12). Add lines art IV-B Reconciliation of Expens	c and d Soc por Audited Financi	ial Statements with	Evponene por F	e 4,377,763.
F	art IV-B Reconciliation of Expens	ses per Addited Financi	iai Staternerits with	Expenses per R	Return
а	Total expenses and losses per audited fi	nancial statements		erenana como estal	a 4,481,172.
b	Amounts included on line a but not on P		FT		
	1 Donated services and use of facilities				
	2 Prior year adjustments reported on Part				
	3 Losses reported on Part I. line 20				
	4 Other (specify):		h- A		
	Add lines b1 through b4.			000000000000000000000000000000000000000	b
C.	Subtract line b from line a				c 4,481,172.
d	Amounts included on Part I, line 17, but				
	1 Investment expenses not included on Pa		d1	100	
	2Other (specify):				
			40		
	Add lines d1 and d2				d
е	Total expenses (Part I, line 17). Add line				e 4,481,172.
Pa	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E ring the year even if they were	mployees (List eac e not compensated.) (S	h person who was an ee the instructions.)	officer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
==	e Statement 7		523,812.	88,539	. 0.
<u>se</u>	e statement /		323,012.	00,339	. 0,
_					
				G 	
BA		TEEA0105L 0	19/02/07		Form 990 (2007)
2 L	4	TEEAUTUSE U	11/12/11/1		

Form 990 (2007) THE ASTRAEA LESBIAN FO	OUNDATION FOR		13-299297	17	P	age 6
Part V-A Current Officers, Directors, Tru	istees, and Key Er	mployees (continue	ed)		Yes	No
75 a Enter the total number of officers, directors, and trustees pr	ermitted to vote on organization	on business at board meetings	s., G 1	688		
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu- identifies the individuals and explains the relati	sated professional and gh family or business re	other independent con elationships? If 'Yes,' a	st compensated employees tractors listed in Schedule ttach a statement that	75b		X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	ployees listed in form 99	90. Part V-A, or highest other independent con	tractors listed in Schedule			X
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.				
d Does the organization have a written conflict of				75d	X	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	stees, and Key Er or, trustee, or key empl and enter the amount of	oyee received compens compensation or other (C) Compensation	sation or other benefits (des benefits in the appropriate (D) Contributions to	or Oth scribed be column. (E) Ex	elow) See	<u> </u>
(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans and deferred compensation plans	account a allowa	and oth	her
None						
Part VI Other Information (See the inst	ructions.)			The same	Yes	No
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each ch	ities or methods of con	ducting activities?		. 76		Х
77 Were any changes made in the organizing or g	overning documents bu	it not reported to the IR	S7	. 77		Х
If 'Yes,' attach a conformed copy of the change				70		V
78a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T			dentificate algumentos entallica-	78a	N	X A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				. 79		X
80a Is the organization related (other than by associated membership, governing bodies, trustees, office	ciation with a statewide ers, etc. to any other ex	or nationwide organiza empt or nonexempt org	tion) through common ganization?	13 - 39		Х
b If 'Yes,' enter the name of the organization G				_	100	
			xempt or nonexemp			
81a Enter direct and indirect political expenditures.	(See line 81 instruction	ns.)	81a (0.		
b Did the organization file Form 1120-POL for this	s year?			. 81b		Χ
BAA				Form	990 ((2007)

Form 990 (2007) THE ASTRAEA LESBIAN FOUNDATION FOR	13-299297	7	P	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilitie substantially less than fair rental value?	s at no charge or at	82a		Х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83a Did the organization comply with the public inspection requirements for returns and exemptic		83a	Х	
b Did the organization comply with the disclosure requirements relating to guid pro guo contrib	(4) (4)	83b	Χ	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	nias na an sasan ni nasan ni	84a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?		84b	N,	/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	maana maaaanaanamana	85a	N,	/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N,	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless t waiver for proxy tax owed for the prior year.	he organization received a			
c Dues, assessments, and similar amounts from members.	85c N/A		81	
d Section 162(e) lobbying and political expenditures.				3
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			20	1919
f Taxable amount of lobbying and political expenditures (line 85d less 85e).		100		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N.	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	onable estimate of	85h	N.	'A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	f f		UP	
line 12	86a N/A		6.5	
b Gross receipts, included on line 12, for public use of club facilities	86b N/A 87a N/A	100	100	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations sections 301.7 If 'Yes,' complete Part IX	corporation or partnership, 701-2 and 301.7701-3?	88a		Х
b At any time during the year, did the organization, directly or indirectly, own a controlled entit section 512(b)(13)? If 'Yes,' complete Part XI.	y within the meaning of G	88b		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year u				
section 4911 G O.; section 4912 G O.; section	4955GO.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exceduring the year or did it become aware of an excess benefit transaction from a prior year? If	ss benefit transaction f 'Yes,' attach a statement	90 h		X
explaining each transaction		89b		^
c Enter: Amount of tax imposed on the organization managers or disqualified persons during t year under sections 4912, 4955, and 4958	the G 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization				
e All organizations. At any time during the tax year, was the organization a party to a prohibite		89e		Х
f All organizations. Did the organization acquire a direct or indirect interest in any applicable i		89 f		Χ
	221407			
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold the year?	. Did the supporting ings at any time during	89 q		X
90a List the states with which a copy of this return is filed GNY				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b		26
91a The books are in care of G THE ASTRAEA LESBIAN FOUNDATIO Telephone n				
		1	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other f If 'Yes,' enter the name of the foreign country G		91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of				
Financial Accounts. BAA		Form	990 ((2007)
PAG.		OH	220 (LUU1)

Part VI Other Information (contin					Yes No
c At any time during the calendar year, di	20	on maintain an office	outside of the Unit	ed States?	91c X
If 'Yes,' enter the name of the foreign c 92 Section 4947(a)(1) nonexempt charitable	ountry G				N/A G
					N/A G
and enter the amount of tax-exempt int Part VII Analysis of Income-Producir				92	10/ A
Fait VII JAnaiysis of Income-Froducii	1	business income		tion 512, 513, or 514	
Note: Enter gross amounts unless					(E) Related or exempt
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	function income
93 Program service revenue:					
a Administrative Fee					103,338.
b					
b					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies	-				
94 Membership dues and assessments			-		
95 Interest on savings & temporary cash invmnts			+	564,123.	
 96 Dividends & interest from securities 97 Net rental income or (loss) from real estate: 				304,123.	
97 Net rental income or (loss) from real estate: a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory.					
103 Other revenue: a					
<pre>b In-kind contribution</pre>					31,476.
c Miscellaneous Income					5,253.
d Rental Income					32,966.
e				564,123.	172 022
104 Subtotal (add columns (B), (D), and (E))					173,033. 737,156.
105 Total (add line 104, columns (B), (D),					737,130.
Note: Line 105 plus line 1e, Part I, should eque Part VIII Relationship of Activities			vemnt Purnose	es (See the instru	ctions)
Line No. Explain how each activity for white					
F of the organization's exempt purp	oses (other tha	n by providing funds	for such purposes)	,	accomplishment
93A Fee for processing gr					
103A Other income used to	support t	ax exempt act	ivities of t	he organizati	on
Part IX Information Regarding Ta	xable Subsi	diaries and Disr	egarded Entitie	s (See the instruc	
(A)	(B)	4	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership into	of Nature o	of activities	Total income	End-of-year assets
N/A		%			
		%			
		%			
6 - 11 - 1 - 1 - 1 -		%	15 6		to a Visita de La
Part X Information Regarding Tr					
a Did the organization, during the year, receive any f b Did the organization, during the year, pa	ay premiums, di	rectly or indirectly, o			Yes X No
Note: If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see ii	nstructions).		In product a sea Walter and the form	Form 000 (2007)
BAA				TEEA0108L 12/27/0	7 Form 990 (2007)

Form 990 (2007) THE ASTRAEA LESBIAN FOUNDATION FOR

13-2992977

Page 8

Par	t XI Information Regarding Transfers To organization is a controlling organizat	and From Controlled Ent	ities. Complete only if the first of the fir	he		
	organization is a controlling organizati	ion as defined in section	312(6)(13).		Yes	No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controlle	a controlled entity as defined in ed entity	section 512(b)(13) of the Code	e? If		Х
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(E Amount o)) of transl	fer
а			252.0			
b						
С						
	Totals					
107	Did the reporting organization receive any transfers f	rom a controlled entity as define	ed in section 512(b)(13) of the	Code? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(E Amount o		
а		-				
Ь						
С						
	Totals		7.1			
108	Did the organization have a binding written contract in annuities described in question 107 above?	n effect on August 17, 2006, cov	vering the interest, rents, royal	ties, and		No X
Pleas Sign Here	Signature of officer		and statements, and to the best of my the preparer has any knowledge.		elief, it is	Pr
Paid Pre-	Signature G KENNY DU, CPA	Date		reparer's SSN o Seneral Instructio V/A	r PTIN (S on X)	ec
parei Use	employed), G 13310 39TH AVE	100	EIN G N/A	0) 445 00	200	
Only BAA	FLUSHING, NY 11354-44	400	Phone no. G (71		308 990 (2	(007)
					1	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information (See separate instructions.)

able Trust 2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number THE ASTRAEA LESBIAN FOUNDATION FOR 13-2992977 JUSTICE, INC Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions (a) Name and address of each (b) Title and average (c) Compensation (e) Expense account and other to employee benefit plans and deferred employee paid more than \$50,000 hours per week devoted to position allowances compensation See Statement 8 523,812 88,489 0. Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services B Compensation of the Five Highest Paid Independent Contractors for Other Services Part II ' (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services.

Sche	edule A (Form 990 or 990-EZ) 2007 THE ASTRAEA LESBIAN FOUNDATION FOR 13-2992977		F	Page 2
Par	Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities G \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		X
C	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Transfer of any part of its income or assets?	2e		Х
3a	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Χ	_
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		X
d	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4 a	Х	
b	Did the organization make any taxable distributions under section 4966?	4b		Х
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4 C		X
d	Enter the total number of donor advised funds owned at the end of the tax year G			10
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	4	75,6	689.
ſ	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			10
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year G	4	75,6	689.

Page 2

Page 3

Pari	t IV Reason for Nor	n-Private F	oundation Status (See instructions.)					
l cert	ify that the organization is no	t a private for	undation because it is: (I	Please check only ONE app	licable box.)				
5	A church, convention of	churches, or a	association of churches.	Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)	(1)(A)(ii). (Als	so complete Part V.)						
7	7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8	A federal, state, or local	government o	or governmental unit. Se	ection 170(b)(1)(A)(v).					
9	A medical research orga	nization opera	ated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Ent	er the hospita	l's name, city.		
10	An organization operated (Also complete the Supp	d for the bene port Schedule	fit of a college or univer in Part IV-A.)	sity owned or operated by a	governmen	tal unit. Section	on 170(b)(1)(A)(iv).		
11 a	An organization that non Section 170(b)(1)(A)(vi).	mally receives (Also comple	s a substantial part of its te the Support Schedule	s support from a governmer e in Part IV-A.)	ital unit or fr	om the genera	al public.		
11 b	A community trust. Secti	ion 170(b)(1)(A)(vi). (Also complete th	ne Support Schedule in Par	t IV-A.)				
12	from activities related to from gross investment in	its charitable, scome and un	, etc, functions ' subjec related business taxable	of its support from contribut to certain exceptions, and income (less section 511 to complete the Support Sch	(2) no more (ax) from bus	e than 33-1/3% sinesses acqui	of its support		
13	An organization that is n	not controlled	by any disqualified perso	ons (other than foundation res the type of supporting or	managers) a	nd otherwise r	meets the		
	Туре І Т	ype II		onally Integrated	Type III-				
	97.0	Provide the f		out the supported organiza			7.5		
	(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)		pported on listed in porting ration's	(e) Amount of support		
					Yes	No			
Total		DECEMBER:				G	0.		
14	An organization organize	ed and operate	ed to test for public safe	ty. Section 509(a)(4). (See	instructions.)			

Schedule A (Form 990 or 990-EZ) 2007

	IV-A Support Schedule (You may use the worksheet in the					nting.
Cale	ndar year (or fiscal year	(a)	(b)	(c)	(d)	(e)
begi	nning in)	2006	2005	2004	2003	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,743,264.	4,658,682.	4,185,133.	2,556,419.	17,143,498
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	114,420.	188,025.	143,744.	85,488.	531,677
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	423,576.	79,068.	116,791.	263,395.	882,830
19	Net income from unrelated business activities not included in line 18.					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See. Stmt. 9	71,142.	33,790.	62,129.	43,710.	210,771
23	Total of lines 15 through 22	6,352,402.	4,959,565.	4,507,797.	2,949,012.	18,768,776
24	Line 23 minus line 17	6,237,982.	4,771,540.	4,364,053.	2,863,524.	18,237,099
25	Enter 1% of line 23	63,524.	49,596.	45,078.	29,490.	
26	Organizations described on lines			olumn (e), line 24		364,742
t	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contril or 2003 through 2006 exceed mounts		millimitation of the control of the	G 26D	
	Total support for section 509(a)(1) Add: Amounts from column (e) for		olumn (e) 882,830. 210,771.	19 26b		18,237,099
	Public support (line 26c minus line Public support percentage (line 2	e 26d total)			G 26e	17,143,498
27	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received such amounts for each year:	2: N/A 16, and 17 that were yed in each year from	received from a 'disc , each 'disqualified p	qualified person,' prep erson.' Do not file this	are a list for your reco	ords to show the Enter the sum of
	(2006) DFor any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	7 that was received fr received for each year rations described in life tween the amount rec	om each person (oth ar, that was more tha nes 5 through 11b, as eived and the larger	er than 'disqualified p an the larger of (1) the s well as individuals.) amount described in (ersons'), prepare a list amount on line 25 for Do not file this list wil (1) or (2), enter the su	st for your records ir the year or (2) th your return m of these
	(2006)	(2005)	(2004)_		_ (2003)	
C	(2006) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total minu	r lines: 15		16		
	17	20		21	27 c	
C	Add: Line 27a total	an	d line 27b total		27d	
E	Public support (line 27c total minu	is line 27d total)		cl and		
f	Total support for section 509(a)(2) Public support percentage (line 2	test: Enter amount fi	om line 23, column ((e) G 2/1	C 27-	0/
Ç	Public support percentage (line 2) Investment income percentage (li	re (numerator) divide	a by line 2/r (denomi	ine 27f (denominator)	G 275	%
	Unusual Grants: For an organizat					100 - 1
40	list for your records to show, for e nature of the grant. Do not file thi	ach year, the name o	f the contributor, the	date and amount of the	he grant, and a brief	description of the

Par	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	(10 be completed ONE) by schools that checked the box on line o in that the	IN/ P	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	103	IVO
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes.' please describe: if 'No.' please explain. (If you need more space, attach a separate statement.)	31		
	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body. faculty, and administrative staff?	32a	-	
1	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		_
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320	_	
9 (d Copies of all material used by the organization or on its behalf to solicit contributions?	320	10000	Top 1
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
22	Does the executantian discriminate by some in any year with respect to			
33	Does the organization discriminate by race in any way with respect to:			
8	a Students' rights or privileges?	33a		
1	o Admissions policies?	33b	-	
(Employment of faculty or administrative staff?	330		_
(d Scholarships or other financial assistance?	330		
(e Educational policies?	33e		_
f	Use of facilities?	33f		
ç	g Athletic programs?	33 g		
ł	1 Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
24-	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
ł	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b	200	138
25				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Par	t VI-A Lobbying E (To be complet	xpenditures by Elected ONLY by an eligible of	cting Public Chari organization that filed F	ties (See instr orm 5768)	uctions.)		N/A
Chec	ck G a if the organi	zation belongs to an affil	iated group. Check	G b if you	checke	ed 'a' and 'limited co	ntrol' provisions apply.
		imits on Lobbying r 'expenditures' means a		4 1		(a) Affiliated group totals	(b) To be completed for all electing
36		ures to influence public of	A STATE OF THE PARTY OF THE PAR		36		organizations
37		ures to influence a legisla	A) 255	50 (50)	37		
38		ures (add lines 36 and 37	50 50	-	38		
39		expenditures			39		
40	Total exempt purpose e	xpenditures (add lines 38	8 and 39)		40		
41	Lobbying nontaxable ar	nount. Enter the amount	from the following table	ġ '			
	If the amount on line 40	is' The I	obbying nontaxable an	nount is '			
	Not over \$500,000		of the amount on line 4				
	Over \$500,000 but not over \$1		00 plus 15% of the excess ov				
	Over \$1,000,000 but not over !		00 plus 10% of the excess ov		41		
	Over \$1,500,000 but not over \$ Over \$17,000,000		00 plus 5% of the excess ove 00,000				
42		amount (enter 25% of line			42	/	
43		ne 36. Enter -0- if line 42			43		
44	A MANAGEMENT AND A MANAGEMENT OF THE PARTY O	ne 38. Enter -0- if line 41	THE PROPERTY OF THE PROPERTY O		44		
	Caution: If there is an a	mount on either line 43	or line 44, you must file	Form 4720.			
	(Some orga	nizations that made a se-	Averaging Period I ction 501(h) election do e the instructions for lir	not have to co	mplete a	(h) all of the five column	ns below.
			Lobbying Expend	litures During 4	-Year A	veraging Period	
	Calendar year (or fiscal year beginning in) G	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots non- taxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
	Grassroots lobbying expenditures						
		ctivity by Nonelecti only by organizations that					N/A
Durir	ng the year, did the organ	nization attempt to influer pinion on a legislative ma	nce national, state or lo itter or referendum, thr	ical legislation, ough the use of	includin	g any Yes N	o Amount
	Volunteers	ent (Include compensatio	n in evnenses renorted	on lines c thro	uah h)		
	Media advertisements		ii iii experises reported		The College of the Co		
	Mailings to members, le						
	And the state of the second state of the second state of the second second second second second second second	ed or broadcast statemer					
f	Grants to other organiza	ations for lobbying purpo	ses				110
g	Direct contact with legis	lators, their staffs, gover	nment officials, or a leg	gislative body			
		, seminars, conventions,		COLUMN TO SECURIT SECTION AND ASSESSED.			
ì	The Contraction of the contract of the contrac	ures (add lines c through				and the second s	
BAA	If 'Yes' to any of the abo	ove, also attach a statem	ent giving a detailed de	escription of the	lobbyin	Management of the same of the	Form 990 or 990-F7) 2007
DAA						SUITEDINE A L	FIRE TEMPLE IN SUIDE / 1 / 11/1/1/

Schedule A (Form 990 or 990-EZ) 2007	HE ASTRAEA LESBIAN FOUNDA	1110N FOR 13-2992	.977	Page 7
Part VII Information Regarding Tr Exempt Organizations (Se	ansfers To and Transactions a ee instructions)	nd Relationships With Noncha	ritable	
51 Did the reporting organization directly o of the Code (other than section 501(c)(3	r indirectly engage in any of the followin b) organizations) or in section 527, relati	g with any other organization described ng to political organizations?	in section 5	501(c)
a Transfers from the reporting organization	n to a noncharitable exempt organization	on of:)	res No
(i) Cash			51 a (i)	X
(ii) Other assets			a (ii)	X
b Other transactions:				544
	noncharitable exempt organization		b (i)	X
(ii) Purchases of assets from a noncha	ritable exempt organization		b (ii)	X
(iii) Rental of facilities, equipment, or o	her assets		b (iii)	X
			b (iv)	X
C A A A A A A A A A A A A A A A A A A A			b (v)	X
	ship or fundraising solicitations		b (vi)	X
c Sharing of facilities, equipment, mailing d if the answer to any of the above is 'Ye the goods, other assets, or services giv any transaction or sharing arrangement	lists, other assets, or paid employees s,' complete the following schedule. Collean by the reporting organization. If the	umn (b) should always show the fair mar organization received less than fair mari	c arket value o ket value in	of X
(a) (b)	(c)	(d)		
	of noncharitable exempt organization	Description of transfers, transactions, and	sharing arrange	ements
N/A	Alle Torres Heres			
	1000			
52a Is the organization directly or indirectly described in section 501(c) of the Code b If 'Yes,' complete the following schedule			() () 	X No
(a) Name of organization	(b) Type of organization	(c) Description of relation	ship	
N/A				
		100		
W				

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2007

	SIAN FOUNDATION FOR	Employer identification number
JUSTICE, INC.		13-2992977
Organization type (check one):	was param	
Filers of:	Section:	
Form 990 or 990-EZ	X = 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ed as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated a	s a private foundation
	501(c)(3) taxable private foundation	M.
Check if your organization is covered by the C boxes for both the General Rule and a Specia	Seneral Rule or a Special Rule. (Note: Only a section 5 Il Rule 'see instructions.)	501(c)(7). (8), or (10) organization can check
General Rule *		
	or 990-PF that received, during the year, \$5,000 or m	nore (in money or property) from any one
Special Rules '		
	Form 990, or Form 990-EZ, that met the 33-1/3% support any one contributor, during the year, a contribution to Parts I and II.)	
aggregate contributions or beguests of mo	zation filing Form 990, or Form 990-EZ, that received ore than \$1,000 for use exclusively for religious, charita hildren or animals. (Complete Parts I. II, and III.)	
some contributions for use exclusively for \$1,000. (If this box is checked, enter here	zation filing Form 990, or Form 990-EZ, that received religious, charitable, etc, purposes, but these contributhe total contributions that were received during the y Parts unless the General Rule applies to this organiza	itions did not aggregate to more than ear for an exclusively religious, charitable,
religious, charitable, etc. contributions of	\$5,000 or more during the year.)	G\$
Caution: Organizations that are not covered b 990-PF) but they <i>must</i> check the box in the he not meet the filing requirements of Schedule by	y the General Rule and/or the Special Rules do not file ading of their Form 990, Form 990-EZ, or on line 2 of 8 (Form 990, 990-EZ, or 990-PF).	e Schedule B (Form 990, 990-EZ, or their Form 990-PF, to certify that they do

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2007)		Page 1	of 1 identification number	of Part I
	STRAEA LESBIAN FOUNDATION FOR		Same	92977	
Part I	Contributors (See Specific Instructions.)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contri	ibution
.===0		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	ite ons	(d) Type of contri	ibution
:		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contri	ibution
3 <u> </u>		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contri	ibution
3 		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contri	ibution
		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contri	ibution
		\$		Person Payroll Noncash (Complete Part is a noncash cor	II if there ntribution.)

No. from Part I

Description of noncash property given

See instructions)

Description of noncash property given

Solution

Solution

(c)
FMV (or estimate) (see instructions)

Description of noncash property given

FMV (or estimate) (see instructions)

Description of noncash property given

Solution

Solution

Solution

Solution

Solution

Solution

Solution

Solution

Solution

Date received

Solution

TEEA0703L 08/01/07

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

of 1 of Part III
Employer identification number

Name of organization THE ASTRAEA LESBIAN FOUNDATION FOR

13-2992977

Part III	Exclusively religious, charitable, organizations aggregating more t	etc, individual contribution than \$1,000 for the year.(Con	ns to section 501(c)(7), (8), or (10) implete cols (a) through (e) and the following line entry.)		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of exclusively religious, chari (Enter this information once ' see			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(-)			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
9	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
:					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee		

2007

Federal Statements THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Page 1

13-2992977

Statement 1 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

Unrealized losses

Total \$ -375,516.

Statement 2 Form 990, Part II, Line 43 Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	Fundraising
Dues, fees and Subscriptions Event Expense Grant Expenses	1,565. 125,830. 2,231,540.	1,079. 6,322. 2,231,540.	210.	276. 119,508.
INcollectible Pledges	52,874.	2 610	52,874.	025
Insurance Investment Fees	5,247. 25,081.	3,618.	704. 25,081.	925.
Mailing	8,987.			8,987.
Miscellaneous	14,441.	2,948.	2,885.	8,608.
Printing and Design	86,259.	45,634.	3,822.	36,803.
Professional and Consulting	293,471.	98,170.	124,064.	71,237.
Publicity and Advertising	25,138.	19,538.		5,600.
Repair and Maintenance	24,236.	16,708.	3,253.	4,275.
Staff Recruitment and Training	17,611.	4,415.	8,552.	4,644.
Total	\$ 2,912,280.	\$ 2,429,972.	\$ 221,445.	\$ 260,863.

Statement 3 Form 990 , Part III Organization's Primary Exempt Purpose

Providing critically needed financial support to Lesbian-Led, Trans, LGBTI and progressive organizations.

Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category	-	Basis	 Accum. Deprec.	Book Value
Machinery and Equipment	\$	89,064.	\$ 61,044.	\$ 28,020.
Total	\$	89,064.	\$ 61,044.	\$ 28,020.

2007	Federal Statement	S		Page 2
THE AS	TRAEA LESBIAN FOUNDA			13-2992977
	JUSTICE, INC.			13-2992977
Statement 5 Form 990, Part IV, Line 58 Other Assets				
Agency Funds Receivable Due from other funds Pledges, Grant & Contribution F Security Deposit	Receivable			63,640. 1,714,821. 2,180,289. 44,418.
			Total \$	4,003,168.
Statement 6 Form 990, Part IV, Line 65 Other Liabilities				
Agency Funds Payable Due to Other funds Grants Payable Security Deposit Payable			1	602,275. ,714,821. 767,000. 850. 8,084,946.
Statement 7 Form 990, Part V-A List of Officers, Directors, Trustees, an	AND THE CONTROL OF TH			
Name and Address	Title and Average Hours Per Week Devoted	Compen-	Contri- bution to	Francisco.
	Tel Week Bevoced	sation	_EBP & DC	Expense Account/ Other
WENDY SEALEY 116 E. 16TH ST. 7FLOOR NEW YORK, NY 10003	Director 40.00	Eliteratura de la constanta de	EBP & DC \$ 13,781.	Account/ Other
116 E. 16TH ST. 7FLOOR	Director	Eliteratura de la constanta de	\$ 13,781.	Account/ Other
116 E. 16TH ST. 7FLOOR NEW YORK, NY 10003 EVAN WOLFSON 116 E. 16TH ST. 7 FLOOR	Director 40.00 Director	\$ 76,000.	\$ 13,781. 21,851.	Account/ Other \$ 0.
116 E. 16TH ST. 7FLOOR NEW YORK, NY 10003 EVAN WOLFSON 116 E. 16TH ST. 7 FLOOR NEW YORK, NY 10003 KATHERINE ACEY 116 E.16TH ST. 7 FLOOR	Director 40.00 Director 40.00 Executive Direc	\$ 76,000. 156,700.	\$ 13,781. 21,851. 18,881.	Account/ Other \$ 0.
116 E. 16TH ST. 7FLOOR NEW YORK, NY 10003 EVAN WOLFSON 116 E. 16TH ST. 7 FLOOR NEW YORK, NY 10003 KATHERINE ACEY 116 E.16TH ST. 7 FLOOR NEW YORK, NY 10003 JENNIFER EINHORN 116 E. 16TH ST. 7 FLOOR	Director 40.00 Director 40.00 Executive Direc 40.00	\$ 76,000. 156,700. 127,000.	\$ 13,781. 21,851. 18,881.	Account/Other \$ 0.

2007

Federal Statements THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Page 3

13-2992977

Statement 7 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, and Key Employees

	Title and Average Hours <u>Per Week Devoted</u>	_	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
St.					
St.	BOARD MEMBER 0		0.	0.	0.
St.	BOARD MEMBER 0		0.	0.	0,
St.	BOARD CHAIR 0		0.	0.	0.
St.	Secretary 0		0.	0.	0.
St.	BOARD MEMBER 0		0.	0.	0.
St.	BOARD MEMBER 0		0.	0.	0.
St.	BOARD MEMBER 0		Ο.	0.	0.
St.	BOARD MEMBER 0		0.	0.	0,
St.	Treasurer 0		Ο.	Ο.	0.
St.	BOARD MEMBER O		0.	0.	0.
St.	BOARD MEMBER 0		0.	0.	0.
	St. St. St. St. St. St. St. St.	Average Hours Per Week Devoted BOARD MEMBER O St. BOARD MEMBER O St. BOARD CHAIR O St. Secretary O St. BOARD MEMBER	Average Hours Per Week Devoted BOARD MEMBER \$ St. BOARD MEMBER O St. BOARD CHAIR O St. Secretary O St. BOARD MEMBER O	Average Hours Per Week Devoted Sation St. BOARD MEMBER O. St. BOARD MEMBER O. St. BOARD MEMBER O. St. BOARD CHAIR O. St. Secretary O. St. BOARD MEMBER O.	Average Hours Compensation Sation EBP & DC

2	0	0	-
2	U		1

Federal Statements THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Page 4

13-2992977

Statement 7	(continued)
Form 990, Pa	art V-A

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SHASH YAZHI c/o: Astraea F. 116E. 16th St. NEW YORK,, NY 10003	BOARD MEMBER	\$ 0.	\$ 0.	\$ 0.

Total \$ 523,812. \$ 88,539. \$ 0.

Statement 8 Schedule A, Part I Compensation of Five Highest Paid Employees

Name and Address	Title & Average Hours Worked	Compen- sation	Contribut. EBP & DC	Expense Account
EVAN WOLFSON 116 E.16TH ST. 7TH FLOOR NEW YORK, NY 10003	EXECUTIVE DIREC 35.00	156,700.	21,851.	0.
KATHERINE T. ACEY 116 E.16TH ST. 7TH FLOOR NEW YORK, NY 10003	EXECUTIVE DIREC 35.00	127,000.	18,881.	0.
TATA TRAORE ROGERS 116 E.16TH ST. 7TH FLOOR NEW YORK, NY 10003	DEPUTY DIRECTOR 35.00	88,400.	15,021.	0.
JENNIFER EINHORN 116 E.16TH ST. 7TH FLOOR NEW YORK, NY 10003	DIRECTOR OF COM 35.00	75,712.	18,955.	0.
WENDY SEALEY 116 E.16TH ST. 7TH FLOOR NEW YORK, NY 10003	DIRECTOR OF DEV 35.00	76,000.	13,781.	0.
	Total 3	\$ 523,812.	\$ 88,489.	0.

Statement 9 Schedule A, Part IV-A, Line 22 Other Income

Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
					\$ 210,771. \$ 210,771.

2007

Federal Supporting Detail THE ASTRAEA LESBIAN FOUNDATION FOR JUSTICE, INC.

Page 1

13-2992977

Balance Sheet				
Publicly-traded	securities	(Form	990)	[0]

Certificates of Deposit	\$ 885,036.
Mutual Funds	2,365,557.
Equity Securities	2,408,989.
Corporate Debt Securities	631,511.
Total	\$ 6,291,093.