Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

А	For th	e 2007 calendar year, or tax year beginning 8/1/2007, and e	nding		1/2008		
В	Check	if applicable: Please C Name of organization	D Employe	r identification number			
	Addres	s change use IRS Trevor Project Inc.	95-468128	5-4681287			
	Name	change print or Number and street (or P.O. box if mail is not delivered to street address)		E Telephon			
	Initial re	type					
H		See Sood Santa Monica Boulevalu		310-203-0			
Щ	Termin	ation Specific Instruction City or town State or country ZIF	9 + 4	F Accounti	ng method: Cash X Accrual		
	Amend	ed return tions. West Hollywood CA 90	0069	Other	(specify) ▶		
	Applica	tion pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable		ot applicable t	o section 527 organizations.		
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).			n for affiliates? Yes X No		
G I	Website	e: www.thetrevorproject.org			per of affiliates		
3700.0				ll affiliates inclu			
J (Organiz	cation type (check only one) ► X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	The second second		uded? Yes No . See instructions.)		
-					**************************************		
	Check h				turn filed by an organization		
t	o file a	are normally not more than \$25,000. A return is not required, but if the organization chooses return, be sure to file a complete return.		ed by a group			
		stann, so dato to mo a complete retain.	I Group	Exemption N	umber ▶		
			M Check	(▶ ☐ ii	f the organization is not required		
L (Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,643,405	to atta		rm 990, 990-EZ, or 990-PF).		
Pai	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance	s (See the	e instructi	ions)		
	1	Contributions, gifts, grants, and similar amounts received:	0 (000 1111	o motraoti	I		
	l a						
	h	Contributions to donor advised funds	050	3,597			
	c		000	0,097			
		Government contributions (grants) (not included on line 1a)					
	e	Total (add lines 1a through 1d) (cash \$856,597 noncash \$). 1e	956 507		
	2	Program service revenue including government fees and contracts (from Part	VII line 0'		856,597		
	3	Membership dues and assessments	VII, IIIIE 30	3			
	4	Interest on savings and temporary cash investments	4	5,954			
	5	Dividends and interest from securities		. 5	5,954		
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Net rental income or (loss). Subtract line 6b from line 6a		. 6с			
ine	7	Other investment income (describe) 7			
Revenue	8 a	Gross amount from sales of assets other (A) Securities	(B) Other		W-1		
Re		than inventory 8a					
	b	Less: cost or other basis and sales expenses 8b					
	С	Gain or (loss) (attach schedule) 8c					
		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 he	ere 🕨				
	a	Gross revenue (not including \$of					
	١.	contributions reported on line 1b) 9a		,854			
	b	Less: direct expenses other than fundraising expenses 9b	430	,800			
	C	Net income or (loss) from special events. Subtract line 9b from line 9a		. 9с	350,054		
	IU a	Gross sales of inventory, less returns and allowances 10a					
	a	Less: cost of goods sold					
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from lin	ne 10a	10c			
	11 12	Other revenue (from Part VII, line 103)		. 11			
	_	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,212,605		
88	13	Program services (from line 44, column (B))		. 13	772,319		
Expenses	14	Management and general (from line 44, column (C))		. 14	134,911		
xpe	15	Fundraising (from line 44, column (D))		15	338,115		
Ш	16	Payments to affiliates (attach schedule)		. 16			
	17	Total expenses. Add lines 16 and 44, column (A)		17	1,245,345		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		. 18	-32,740		
Ass	19	Net assets or fund balances at beginning of year (from line 73, column (A)) .	1	. 19	387,018		
Net	20	Other changes in net assets or fund balances (attach explanation)		. 20			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	354,278		

Part	Functional Expenses organizations and section 4947	column (a)(1) nor	(A). Columns (B), (C nexempt charitable tr), and (D) are requi rusts but optional fo	red for section 501(r others. (See the in	c)(3) and (4) structions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 8	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$)				
	If this amount includes foreign grants, check here ▶	22a				
22 k	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)				
	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				
25 a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a	124,441	75,206	13,433	35,802
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not					
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included					
	on lines 25a, b, and c	26	361,020	218,184	38,970	103,866
27	Pension plan contributions not included on					
	lines 25a, b, and c	27				
28	Employee benefits not included on lines					
	25a – 27	28	84,171	50,139	10,317	23,715
29	Payroll taxes	29	43,163	26,086	4,659	12,418
30	Professional fundraising fees	30				
31	Accounting fees	31	36,564	21,108	4,217	11,239
32	Legal fees	32	1,475	925		550
33	Supplies	33	15,366	9,286	1,659	4,421
34	Telephone	34	41,212	28,847	10,028	2,337
35	Postage and shipping	35	48,038	25,409	4,007	18,622
36	Occupancy	36	65,804	47,092	8,156	10,556
37	Equipment rental and maintenance	37	22,784	13,357	3,691	5,736
38	Printing and publications	38	55,325	28,893		26,432
39	Travel	39	72,598	52,752		19,846
40	Conferences, conventions, and meetings	40				
41	Interest	41	69		69	
42	Depreciation, depletion, etc. (attach schedule)	42	31,635	18,115	3,863	9,657
	Other expenses not covered above (itemize):					
	Advertising, public relations & visibility	43a	96,495	88,924		7,571
	Bank charges	43b	21,262		21,238	24
٦.	IT and online services	43c	17,587	6,684	9,483	1,420
	Miscellaneous	43d	1,598		428	1,170
f.	Outside services	43e	104,738	61,312	693	42,733
15 E		43f				
9 _.	Total functional expenses Add lines 00-	43g				
	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)–(D), carry these totals to lines		4 0 4 = 5 + =			
	13–15)	44	1,245,345	772,319	134,911	338,115
	Costs. Check ▶ if you are following SOP 98-2. joint costs from a combined educational campaign and fundraising so	licitation	reported in (B) Pr	ogram services?		es X No
f "Yes,"	enter (i) the aggregate amount of these joint costs \$		(ii) the amount all			CS NINO
	amount allocated to Management and general \$		d (iv) the amount a			;
, ,	The second secon	, all	u (w) ule amount a	mocated to Fundr	aising \$	

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpos	e? ► Promote greater acceptance of youth	Program Service Expenses
of clients served, publications issued, etc. Discuss achie	chievements in a clear and concise manner. State the number everents that are not measurable. (Section 501(c)(3) and (4) is must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Maintained an around the clock crisis and sui	cide prevention helpline for gay and questioning	- Cultivity
	sing trained counselors, helping tens of thousands	
of calls each year as well as a website for thes	e youtn.	
(Cropte and allegations ©		
) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here	
	, , , , , , , , , , , , , , , , , , , ,	
		1.0
) If this amount includes foreign grants, check here	
(Grants and allocations \$) If this amount includes foreign grants, check here	
e Other program services (attach schedule)	,	
(Grants and allocations \$) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should e	equal line 44, column (B), Program services)	772,319

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	153,409	45	19,717
	46	Savings and temporary cash investments	162,562		206,796
	47 a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
		Pledges receivable			
	b	Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable	50,000	49	66,250
	50 a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
"	þ	Receivables from other disqualified persons (as defined under section			
Assets		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
Ass	51 a	Other notes and loans receivable (attach			
	١.	schedule)			
	1	Less: allowance for doubtful accounts 51b		51c	
	52 53	Inventories for sale or use	45.505	52	45.055
	0.000000000	Prepaid expenses and deferred charges	15,525		15,655
	1	Investments—publicly-traded securities ▶ Cost FMV		54a	
		Investments—other securities (attach schedule) Cost FMV		54b	
	55 a	Investments—land, buildings, and			
	h	equipment: basis			
	l b	Less: accumulated depreciation (attach			
	56	schedule)		55c	
	Contract of	Land, buildings, and equipment: basis		56	
		Less: accumulated depreciation (attach			
		schedule)	26 701	57 ₀	97,467
	58	Other assets, including program-related investments	26,791	57c	91,401
	00	(describe ▶ Deposits)	1,483	58	2,079
	59	Total assets (must equal line 74). Add lines 45 through 58	409,770		407,964
	60	Accounts payable and accrued expenses	22,752	60	53,686
	61	Grants payable	, , , , ,	61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attach			
#		schedule)		63	
Liabili		Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe)		65	
			ASS 2000 - ASS 240		
		Total liabilities. Add lines 60 through 65	22,752	66	53,686
	Orga	nizations that follow SFAS 117, check here ▶ X and complete lines			
es		67 through 69 and lines 73 and 74.			
nc		Unrestricted	292,018	67	271,778
als		Temporarily restricted	95,000	68	82,500
		Permanently restricted		69	
E I		nizations that do not follow SFAS 117, check here			
r F		complete lines 70 through 74.			
S		Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances		Paid-in or capital surplus, or land, building, and equipment fund		71	
AS		Retained earnings, endowment, accumulated income, or other funds		72	
let		Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must			
			207.040	72	254.070
		equal line 21)	387,018 409,770	73	354,278 407,964
- 1		maximus and not assets/fully palatices. Aud lilles up ally 15.	409.770	/ 	407.904

Form 99	0 (2007)			7	revor Project Inc.			95-4681287	Page
Part I	V-A Reconci	liation	of Revenue per Au	idited	Financial State	ments With F	Reve	enue per Return (See	e the
a b	Total revenue, g	ains, an	d other support per a e a but not on Part I, I	udited fi	inancial statemen	ts		<u>a</u>	1,360,65
1 2	Net unrealized g	ains on	investments se of facilities					\$150 to	
3	Recoveries of or	ior vear	grants				b2 b3	10000	
4	Other (specify):								
30.00	cure (epoony).						b4		
	Add lines b1 thro	ough b4							148,04
С	Subtract line b fr	om line	a						1,212,60
d	Amounts include	d on Pa	rt I, line 12, but not or	line a:					1,212,00
1	Investment expe	nses no	t included on Part I, li	ne 6b .			d1		
2	Other (specify):								
							d2		
	Add lines d1 and	d2 .						<u>d</u>	
e Port IV	/ D December (art I, Iir	ne 12). Add lines c an	d d				▶ e	1,212,60
Part I		iation	of Expenses per A	udited	Financial State	ements With	Exp	enses per Return	
a b	Amounta include	and loss	es per audited financi e a but not on Part I, li	al state	ments			<u>a</u>	1,393,39
			e a but not on Part I, II e of facilities					1 44004-	
2	Prior year adjust	mante re	eported on Part I, line	20			b1 b2	NO. 60 CO. 60 CO	
			I, line 20				b2	270000	
	Other (specify):						DO		
	(- ,//						b4	0	
	Add lines b1 thro	ugh b4							148,04
С	Subtract line b from	om line a	а						1,245,34
d	Amounts include	d on Pai	t I, line 17, but not on	line a:					, = , = ,
		nses not	included on Part I, lir	ne 6b .			d1		
2	Other (specify):								
						l	d2		
•	Add lines d1 and	OZ.		 امام				<u>d</u>	(
Part V	A Current C	Officers	ine 17). Add lines c a	10 a .	d Kay Emplaye	0: 1	• •	> e	1,245,345
alt V		kev emr	lovee at any time dur	ing the	vear even if they	es (List each p	erso	on who was an officer, dated.) (See the instruction	irector,
		KOY OITIE	noyee at any time dar	Ing the	(B)	(C) Compensation		(D) Contributions to employee	1
	(A) Na	me and ad	dress	Title a	and average hours per	(If not paid,	"	benefit plans & deferred	(E) Expense account and other allowances
	0				k devoted to position	enter -0)	+	compensation plans	and other allowances
	Charles Robbins		56 Santa Monica Blvo	-	Exec. Director				
	West Hollywood	ST CA	ZIP 90069		50/week	124,44	1) (
	See attached	Str	7.0	Title					
City		ST	ZIP	Hr/WK			0	C) (
Name City		Str ST	ZIP	- Title					
Name		Str	ZIF	Hr/WK Title			+		
City		ST	ZIP	- Hr/WK					
Name		Str	211	Title			_		
City		ST	ZIP	- Hr/WK					
Name		Str	Facility Control of the Control of t	Title			+		
City		ST	ZIP	- Hr/WK		_			
Name		Str		Title			\dagger		
City		ST	ZIP	- Hr/WK	2				
Name		Str		Title			+		
City		ST	ZIP	Hr/WK					
Name		Str		Title			+		
City		ST	ZIP	Hr/WK					
Name		Str		Title					

City

ST

ZIP

Hr/WK

	t V-A Current Officers, Directors, Tru	stees, and Key Em	ployees (continu	red)		Yes	No		
75 a	Enter the total number of officers, directors, an	d trustees permitted to	o vote on organiza						
	meetings								
,	o Are any officers, directors, trustees, or key em								
	employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business								
	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)								
c	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest								
	compensated employees listed in Schedule A,	Part I, or highest com	pensated profession	onal and other					
	independent contractors listed in Schedule A, I	Part II-A or II-B, receiv	e compensation from	om any other					
	organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for								
	the definition of "related organization."				75c	I KUNTANIAN	X		
c	Does the organization have a written conflict of	iormation described in interest policy?	n the instructions.		754	V			
Part	V-B Former Officers, Directors, Trustees,	and Key Employees	That Received Co	mnensation or Other Ben	75d	X any fo	rmor		
	officer, director, trustee, or key employee	received compensati	ion or other benefit	s (described below) during	the vea	ally 10 r liet tl	nat		
	person below and enter the amount of co	mpensation or other I	benefits in the appr	opriate column. See the ins	truction	1, 113t ti 1s.)	iat		
			(C) Compensation	(D) Contributions to employee		Expens			
	(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	accou	unt and o	ther		
Nam	e None Str		enter -0-)	compensation plans	all	lowances	;		
Ci									
Nam	eStr	F1							
Ci	•								
	eStr								
Ci									
NameStr City ST ZIP									
	Name Str								
Cit	y ST ZIP								
	Str								
Cit	C4-								
Cit									
-	Str								
Cit	y ST ZIP	****							
	Str								
Cit Name									
Cit									
Part		ons.)				Yes	No		
76	Did the organization make a change in its activity		nducting activities?	If "Yes." attach a			S. 1005		
	detailed statement of each change				76	RESERVED	X		
77	Were any changes made in the organizing or go	verning documents b	ut not reported to t	he IRS?	77		X		
	If "Yes," attach a conformed copy of the change	s.							
78 a	Did the organization have unrelated business gr	oss income of \$1,000	or more during the	e year covered by					
L	this return?				78a		X		
79	If "Yes," has it filed a tax return on Form 990-T	or this year?		0.600	78b	N/A			
13	Was there a liquidation, dissolution, termination,	or substantial contra	ction during the year	ar? If "Yes," attach					
80 a	a statement	ation with a statewide	or nationwide error	nization) through	79		X		
	common membership, governing bodies, trustee								
	organization?				80a		X		
b	If "Yes," enter the name of the organization ▶				ooa				
				nonexempt					
81 a	Enter direct and indirect political expenditures. (81a					
b	Did the organization file Form 1120-POL for this	vear?		o i u	81b		X		
-					0.0		/ \		

Forn	1 99	0 (2007)	Trevor Project Inc. 95-46	81287			Page
Pai	rt \		Other Information (continued)			Yes	No
82	а	Did the	organization receive donated services or the use of materials, equipment,	or facilities at no charge			
			ubstantially less than fair rental value?		82a	X	
		b If "Yes," you may indicate the value of these items here. Do not include this amount					
			enue in Part I or as an expense in Part II.				
			structions in Part III.)	82b			
83			organization comply with the public inspection requirements for returns an		83a	X	SUPPLEMEN
			organization comply with the disclosure requirements relating to quid pro		83b	X	
84			organization solicit any contributions or gifts that were not tax deductible?		84a		X
	b	If "Yes,"	" did the organization include with every solicitation an express statement	that such contributions			76
			were not tax deductible?		84b	N/A	
85		501(c)(4	4), (5), or (6). Were substantially all dues nondeductible by members? .		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 bel	ow unless the			
			ation received a waiver for proxy tax owed for the prior year.	T			
			assessments, and similar amounts from members	85c N/A			
			162(e) lobbying and political expenditures	85d N/A			
			ate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
			e amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
			the organization elect to pay the section 6033(e) tax on the amount on line 8		85g	N/A	arrows and
		ito rocci	on 6033(e)(1)(A) dues notices were sent, does the organization agree to accomple actimate of dues allegable to record due title labeled in the control of th	id the amount on line 85f to			
			onable estimate of dues allocable to nondeductible lobbying and political e g tax year?	xpenditures for the	0.51	NI/A	
86			g tax year?	86a	85h	N/A	E-20 1
			eceipts, included on line 12, for public use of club facilities	86b			
87			12) orgs. Enter: a Gross income from members or shareholders	87a			
			ncome from other sources. (Do not net amounts due or paid to other	074			
			against amounts due or received from them.)	87b			
88	a A	At any ti	ime during the year, did the organization own a 50% or greater interest in				
	p	partners	ship, or an entity disregarded as separate from the organization under Reg	ulations sections			
			01-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
1			ime during the year, did the organization, directly or indirectly, own a contro				
			g of section 512(b)(13)? If "Yes," complete Part XI		88b		Χ
89 a			3) organizations. Enter: Amount of tax imposed on the organization during	the year under:			
		section 4	, codion				
- 1			3) and 501(c)(4) orgs. Did the organization engage in any section 4958 exc				
	0	auring in	ne year or did it become aware of an excess benefit transaction from a price	or year? If "Yes," attach			
,			nent explaining each transaction		89b	eletro es l	_X_
`			during the year under sections 4912, 4955, and 4958				
	d E	Enter: A	mount of tax on line 89c, above, reimbursed by the organization				
			nizations. At any time during the tax year, was the organization a party to a	a prohibited tax shelter			
			ion?		89e		Χ
f	Α	All organi	izations. Did the organization acquire a direct or indirect interest in any applicable	insurance contract?	89f		X
			porting organizations and sponsoring organizations maintaining donor advi				
	S	upportir	ng organization, or a fund maintained by a sponsoring organization, have	excess business holdings			
	а	t any tin	me during the year?		89g	N/A	Anno Addisonness
	L	ist the s	states with which a copy of this return is filed CA				
b) N	lumber	of employees employed in the pay period that includes March 12, 2007 (S	ee			
	ir	nstructio	ons.)	90b			11
91 a			ks are in care of Name Charles Robbins	Telephone no. ► 310	-203-0	073_	
L	L	ocated	at ▶ 9056 Santa Monica Boulevard City West Hollywood ST (CA ZIP + 4 ▶90069			
D			me during the calendar year, did the organization have an interest in or a s		Γ	Yes	No
			nancial account in a foreign country (such as a bank account, securities ac		041	163	3070753508
	If	"Yee "	?		91b	10000000 E	X
			enter the name of the foreign country ► instructions for exceptions and filing requirements for Form TD F 90-22.1,	Report of Foreign Rook			
			ncial Accounts.	report of Foreign Dalik			
	_				THE RESERVE OF THE PARTY OF THE	STATE OF THE PARTY	

Form 9	90 (2007) Trevor Project Inc.					95-4681287	Page 8
Part	VI Other Information (continued)						Yes No
	At any time during the calendar year, did the of If "Yes," enter the name of the foreign country	organization mainta	in an off	fice out	side of the Uni	ted States? 9	1c X
92	Section 4947(a)(1) nonexempt charitable trus and enter the amount of tax-exempt interest re	ts filing Form 990 in	lieu of	Form '	1041 — Check	nere	
Part					year	· 92 N/A	
Property Asset	,						(E)
indica	Enter gross amounts unless otherwise	Unrelated busing	ess incon	ne	Excluded by sec	tion 512, 513, or 514	(E) Related or
		(A)	(B)	A	(C)	(D)	exempt function
93	Program service revenue:	Business code	Amoi	unt	Exclusion code	Amount	income
ā							
k							
C							
C							
е							
f	Medicare/Medicaid payments						
Q							
94	Membership dues and assessments						
95	Interest on savings and temporary cash investments .				14	5,954	
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate:						
а	debt-financed property						
b	not debt-financed property						
98	Net rental income or (loss) from personal property						
99	Other investment income						
100	Gain or (loss) from sales of assets other than inventory						
101	Net income or (loss) from special events				01	350,054	
102	Gross profit or (loss) from sales of inventory					000,001	
103	Other revenue: a						
b							
С							
d							
е							
104	Subtotal (add columns (B), (D), and (E))					356,009	
105	Total (add line 104, columns (B), (D), and (E))					356,008	356,008
	Line 105 plus line 1e, Part I, should equal the a	mount on line 12 P	art I			>	330,000
Part \				nnt Di	irnocos (Coo	the instructions	. 1
Line N		reported in column (E) of Part	VII cont	tributed importan		
		inan by providing fund	is for suc	n purpo	ses).		
	N/A						
				- Vo			
Part I		bsidiaries and D	isregar	rded E	ntities (See	the instructions.	.)
	(A)	(B)			(C)	(D)	(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interes		Nature	(C) of activities	(D) Total income	End-of-year assets

Martin Control of the	110101110]000	1110.		00-40	301201					
Part	Information Regarding is a controlling organizati			ntities. C	Complete oi	nly if the o	rganiza	ation		
106	Did the reporting organization ma the Code? If "Yes," complete the	ke any transfers to a con	trolled entity as d	efined in s	ection 512(b)(13) of	Yes	No		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer		Amount	D) of trans	fer		
а					n e					
b										
С						1. Table 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
	Totals									
107	Did the reporting organization reco	eive any transfers from a	controlled entity	as defined	in section		Yes	No X		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer		(Management	D) of trans			
а										
b										
С										
	Totals									
108	Did the organization have a binding rents, royalties, and annuities described	g written contract in effec	t on August 17, 2 ove?	006, cover	ing the inter	est,	Yes	No X		
Please Sign Here	Signature of officer	Declaration of preparer (other tha	g accompanying schein officer) is based on a	II information	of which prepar	the best of my er has any kno	wledge.			
aid reparer'	Howard I	Levine C.P.A.	Date 12/9/2008	Check if self- employed	▶ X P00	arer's SSN or PT 0009906 95-35355	PTIN (See Gen. Inst. X)			
oe Only	ii seii-employed),	erman Way #280, Van N	uys, CA 91406		International Control	818-994-5	5562	_		
						F	orm 990	(2007)		