# EXTENDED TO JUNE 15, 2016

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning AUG 1, 2014 and ending JUL 31, 2015

Inspection

Α	For the	2014 calendar year, or tax year beginning $$ $$ $$ $$ $$ AUG $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	JŬL 31, 2015	
	Check if applicable		D Employer identifi	
	Address	TREVOR PROJECT INC.		
	Name change	Doing business as	95-4	681287
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s		
	Final return/ termin-	8704 SANTA MONICA BOULEVARD 200		271-8845
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code  WEST HOLLYWOOD, CA 90069	G Gross receipts \$	6,297,169.
H	⊥return Applica tion		H(a) Is this a group re for subordinates	
	tion pending	SAME AS C ABOVE	H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3)	<del></del> 1	list. (see instructions)
J	Website	WWW.THETREVORPROJECT.ORG	H(c) Group exemption	,
			/ear of formation: $1998$ $ m  t I$	A State of legal domicile: CA
P		Summary		
& Governance	1 5	Briefly describe the organization's mission or most significant activities: $\frac{\text{THE TREV}}{\text{CO END SUICIDE AMONG LGBTQ YOUTH.}}$	OR PROJECT IS	DETERMINED
rna	2	Check this box  if the organization discontinued its operations or disposed of the continued its operations.	nore than 25% of its net as	
Š		lumber of voting members of the governing body (Part VI, line 1a)		23
<u>«</u>		lumber of independent voting members of the governing body (Part VI, line 1b)		23
ijes		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		88
Activities		otal number of volunteers (estimate if necessary)		925 0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.
	יום	let unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
•	8 (	Contributions and grants (Part VIII, line 1h)	4,622,447.	5,258,588.
Revenue	1	Program service revenue (Part VIII, line 2g)	0.	0.
eve	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	727.	392.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,775.	47,563.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,624,949.	5,306,543.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,511,990.	3,321,733.
Expenses	<b>16a</b> F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ä	b 1	otal fundraising expenses (Part IX, column (D), line 25) 539,543.	1,927,087.	1,745,817.
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,439,077.	5,067,550.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-814,128.	
O.	13 7	iovorido 1000 experiodo. Odubitade inte 10 mont inte 12	Beginning of Current Year	End of Year
ets	<b>20</b> T	otal assets (Part X, line 16)	2,605,267.	2,760,684.
ASS	21 T	otal liabilities (Part X, line 26)	343,390.	259,814.
Net Assets or Find Balances	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20	2,261,877.	2,500,870.
P	art II	Signature Block		
	•	ies of perjury, I declare that I have examined this return, including accompanying schedules and st	•	y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
C:-		Signature of officer	 Date	
Sig He		ABBE LAND, EXECUTIVE DIRECTOR/CEO		
110		Type or print name and title		
_		Print/Type preparer's name Preparer's sygnature	Date Check	PTIN
Pai		NAZANIN BENYAMINI NAZANIN BENYAMINI	04/05/16 if self-employ	P00666808
Pre	parer	Firm's name SINGERLEWAK LLP	Firm's EIN ▶	95-2302617
Use	Only	Firm's address 10960 WILSHIRE BLVD. STE 700		
		LOS ANGELES, CA 90024-3783	Phone no. ( 3	
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 4,098,311. including grants of \$ ) (Revenue \$ 47,563.)
4a	(Code:) (Expenses \$4, 098, 311. including grants of \$) (Revenue \$47, 563.)  THE TREVOR PROJECT OFFERS INNOVATIVE SUICIDE PREVENTION SERVICES THAT
	ARE ACCREDITED BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY. THESE
	PROGRAMS INCLUDE THE 24/7 FREE AND CONFIDENTIAL TREVOR LIFELINE
	(1-866-488-7386), INSTANT MESSAGING SERVICES THROUGH TREVORCHAT, AND
	TEXT MESSAGING SERVICES THROUGH TREVORTEXT. THE ORGANIZATION ALSO
	OPERATES TREVORSPACE (WWW.TREVORSPACE.ORG), THE LARGEST ONLINE SOCIAL
	NETWORK SPECIFICALLY FOR GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) YOUNG PEOPLE. OTHER PROGRAMS INCLUDE TREVOR'S ONLINE RESOURCE
	CENTER, A SUITE OF SUICIDE PREVENTION EDUCATION PROGRAMS (LIFEGUARD,
	TREVOR CARE, AND TREVOR ALLY), AND ADVOCACY EFFORTS SUPPORTING POLICY
	CHANGE AT THE FEDERAL AND STATE LEVEL TO ENHANCE THE MENTAL HEALTH AND
	WELL-BEING OF LGBTQ YOUNG PEOPLE THROUGH TARGETED INTERVENTIONS THAT
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
A -!	Other pregram convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 4,098,311.
	Form <b>990</b> (2014)
432002 11-07-	CEE COURDINE O ROD COMMINIATION/C

# Form 990 (2014) TREVOR PROJECT INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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 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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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	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? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(004.4)

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# Form 990 (2014) TREVOR PROJECT INC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-25
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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 \$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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		SSA		21
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	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 19?	- 57		<del></del>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	receive and one of the required to complete contents of	, 50	000	

Form **990** (2014)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part V					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				v	
_	(gambling) winnings to prize winners?	i	 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		88			
	filed for the calendar year ending with or within the year covered by this return	2a		Oh	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returned.			2b		
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructional Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	30		
··u	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х
b	If "Yes," enter the name of the foreign country:	acccc				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
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 se	rvices <sub>l</sub>	provided to the payor?	7a	X	
b	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 w					7.7
	to file Form 8282?			7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			7h		
0				8		
9	Sponsoring organizations maintaining donor advised funds.			0		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041°	?	12a		
		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
а	Enter the amount of reserves the organization is required to maintain by the states in which the	405				
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand		ı	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
		<i></i>			990	(2014)
						/

432005 11-07-14 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		Х
b	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			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►CA, NY, AL, AK, AR, CO, CT, FL, GA	нт	TT.	кc
17				, 11.5
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section and instantian inspection. Indicate how you made these examples. Check all that apply	ıvanac	ие	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  X Upon request  X Other (explain in Schedule O)			
10		l fina-	oio!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııman	cial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	8704 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069			
43200	3 11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)  Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PEGGY RAJSKI	10.00	,,							0	0
CO-FOUNDER	1 0 00	Х						0.	0.	0.
(2) MEREDITH KADLEC	2.00	,,							0	0
CHAIR EMERITUS	10.00	Х						0.	0.	0.
(3) BRIAN DORSEY	10.00	\ \		\ \ \					0	0
CO-VICE CHAIR	10 00	Х		Х				0.	0.	0.
(4) MICHAEL NORTON	10.00	٠,,		,,					0	0
CHAIR	10 00	Х		Х				0.	0.	0.
(5) CHRISTIAN DOWELL (UNTIL 4/15)	10.00	Ι,,		\ \ **					0.	0
SECRETARY	2.00	Х		Х				0.	0.	0.
(6) CHRIS ALLIERI	2.00	Х						0.	0.	0.
OIRECTOR (7) PHIL ARMSTRONG	10.00	Δ						0.	0.	0.
, , , , , , , , , , , , , , , , , , , ,	10.00	Х		х				0.	0.	0.
TREASURER (8) BEN BOYD	2.00	Δ		^				0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(9) KEN CAMPBELL (UNTIL 7/31/15)	2.00	^						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(10) LINDSAY CHAMBERS (FROM 1/15)	2.00	Δ.						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(11) LARA EMBRY	10.00							0.	0.	<u> </u>
CO-VICE CHAIR	10.00	х		х				0.	0.	0.
(12) JEFFREY FISHBERGER, MD	2.00									
DIRECTOR		х						0.	0.	0.
(13) JOEL FLATOW (UNTIL 7/31/15)	2.00									
MEMBER AT LARGE		х						0.	0.	0.
(14) ZACK HICKS	2.00									
DIRECTOR		х						0.	0.	0.
(15) BRIAN IRVING	2.00									
DIRECTOR		Х						0.	0.	0.
(16) SCOTT MCPHAIL (UNTIL 7/31/15)	2.00									
DIRECTOR		Х						0.	0.	0.
(17) TYLER OAKLEY (FROM 4/15)	2.00									
DIRECTOR		Х			L	L	L	0.	0.	0.
100007 11 07 11										Form <b>990</b> (2014)

432007 11-07-14

Form **990** (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)			((				(D)	(E)			(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount o	of
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related			other	
	(list any hours for	or director						the	organizations	_,		pensa	
	related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	(ز		om the	
	organizations	rustee	l trust		ee	ubeu		(88-27 1099-181130)				anizati d relate	
	below	In divid ual trustee	Institutional trustee	_	nploy	st co	 					nizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) AMIT PALEY (FROM 4/15)	2.00												
DIRECTOR		Х						0.		0.			0.
(19) RUBEN RAMIREZ	2.00												
DIRECTOR		Х						0.		0.			0.
(20) ADAM SHANKMAN	2.00												_
DIRECTOR	0.00	Х						0.		0.			0.
(21) STACY SMITHERS	2.00	١											•
DIRECTOR	0 00	Х				<u> </u>		0.		0.			0.
(22) DR. LINDA SPOONER (FROM 4/15)	2.00									ا ۲			^
DIRECTOR	10 00	Х						0.		0.			0.
(23) BRIAN WINTERFELDT	10.00	,,		3,7						١			0
SECRETARY	2 00	Х		Х		-		0.		0.			0.
(24) JEFFREY PAUL WOLFF	2.00	x						0.		٥.			0.
(25) ABBE LAND	40.00	^						0.		٠.			<u> </u>
EXECUTIVE DIRECTOR/CEO	40.00	-		х				199,651.		٥.	1	4,4	83
(26) STEVE MENDELSOHN	40.00			22		$\vdash$		155,051.		•		<del>-,-</del>	55.
DEPUTY DIRECTOR	40.00	1				x		121,362.		٥.	1	3,8	96.
1b Sub-total		<u> </u>		<b>I</b>				321,013.		0.		8,3	
c Total from continuation sheets to Part VI								108,180.		0.		2,7	
d Total (add lines 1b and 1c)								429,193.		0.		1,1	
2 Total number of individuals (including but n							าo r		0.000 of reportable				
compensation from the organization						,							3
<u> </u>												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	ım of reportab												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	-				•			•					
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthı		year.				
(A) Name and business	address	NI	ONE	7				( <b>B</b> )  Description of s	ervices	С	(C omper		n
Traine and pasiness		14/	7141					Bosomption or c		<u> </u>		- Ioutioi	<u> </u>
											_		
2 Total number of independent contractors (i		ot li	mite	d to		_	ste	d above) who received n	nore than				
\$100,000 of compensation from the organiz	zation	ידח	TT T 7	\ m -		0 NT (	דדיב					200	
SEE PART VII, SECTION	N A CON.	тTI	NU Z	7 T. 7	ΓOΙ	LV i	эπ	DD I D			Form 9	୬ <b>୬</b> ∪ (2	2014)

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2014.05091 TREVOR PROJECT INC.

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Form 990 TREVOR P	ROJECT .	LM	<u> </u>						95-468	1287	
Part VII Section A. Officers, Directors, True	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A) Name and title	(B) Average hours	(cl		Pos	C) sition that		oly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	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	
27) RON SILVERMAN (UNTIL 7/2015) ICE PRESIDENT OF DEVELOPM	40.00					x		108,180.	0.	12,756	
ICE PRESIDENT OF DEVELOPM						Λ		100,100.	0.	12,750	
		_									
otal to Part VII, Section A, line 1c						<u> </u>		108,180.		12,756	

Form 990 (2014) TREVOR
Part VIII Statement of Revenue

		Chack if Schodula O cont	aine a rosponeo	or note to any li	no in this Dart VIII			
		Check if Schedule O cont	ains a response	or note to any ii	(A) Total revenue	Related or exempt function	Unrelated business	from tax under
(0.42						revenue	revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
हुं व		Membership dues		070 205				
fts,		Fundraising events		078,325.	_			
ia ii		Related organizations		20 125				
ns, Sim		Government grants (contribut	· -	29,125.	_			
utio	f	All other contributions, gifts, gran		151 130				
를 된		similar amounts not included abo	ve 1f 4 ,	151,138.	_			
no n		Noncash contributions included in lines	1a-1f: \$	16,300.	E 250 500			
a C	h	Total. Add lines 1a-1f						
	_			Business Code				
jc	2 a							
Ser Iue	b	·						
m S	C							
gra Re	d	-						
Program Service Revenue	e	All other program service reve						
$\overline{}$	3	Total. Add lines 2a-2f						
	Ū	other similar amounts)			392.			392.
	4	Income from investment of ta						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	· ·					
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	<b>&gt;</b>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		<u> </u>				
		Net gain or (loss)		<u></u>				
e	8 a	Gross income from fundraisin						
/en		including \$1,078,3						
Re		contributions reported on line	=	990,626.				
Other Revenu	<b>L</b>	Part IV, line 18  Less: direct expenses		990,626.				
ō		Net income or (loss) from fund		<b>&gt;</b>	0.			
		Gross income from gaming ac	-					
	Ja	Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances	а					
	b	Less: cost of goods sold		I .				
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenu	е	Business Code		1		
	11 a	OTHER INCOME		900099	47,563.	47,563.		
	b							
	C							ļ
		All other revenue			47,563.			
		Total Add lines 11a-11d			5,306,543.	47,563.	0.	392.
43200 11-07-	12 9	Total revenue. See instructions.		<u></u>	D, JUU, JEJ•	±1,505•	0.	Form <b>990</b> (2014)
11-07-	14							. 5 555 (2017)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Cahadula O acataine a vacanage ay nata ta any line in this Day! IV	

Section   Sect		Check if Schedule O contains a respon	(A)		(C)	(D)
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign povernments, and foreign individuals. See Part IV, line 25 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation not included above, to disqualified persons (as defined under section 4980(I)(3)) and persons discribed in section 4980(I)(3) employee contributions (include section 401(I)) and 403(I) employee contributions (include section 401(I)) and 435, 314. 360, 178. 30, 006. 45, 1  Paymort taxes 230, 332. 186, 569. 18, 427. 25, 3  Fees for services (non-employees):  a Mariagement 24, 270. 19, 659. 2, 184. 2, 4  c Accounting 28, 387. 22, 993. 2, 555. 2, 8  d Lobbying 28, 387. 22, 993. 2, 555. 2, 8  d Lobbying 29, 387. 22, 993. 2, 555. 2, 8  d Lobbying 29, 387. 22, 993. 2, 555. 2, 8  d Lobbying 29, 387. 22, 993. 2, 555. 2, 8  d Lobbying 30, 387. 349, 809. 38, 349. 42, 7  f Investment management fees 29, 944. 23, 526. 2, 614. 2, 9  10 Office expenses 329, 944. 23, 526. 2, 614. 2, 9  11 Office expenses 329, 944. 23, 526. 2, 614. 2, 9  12 Advertising and promotion 32, 240, 577. 26, 731. 29, 7  13 Payments of travel or entertainment expenses for any federal, state, or local public officials of travel or entertainment expenses for any federal, state, or local public officials of travel or entertainment expenses in line 24e, filing 24	7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and	
2 Grants and other assistance to domestic inclividuals. See Part IV, line 22  3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 5 dan 16 line 25 days and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 5 days and other assistance for implementation of current officers, directors, trustees, and key employees  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation of current officers, directors, trustees, and key employees  7 Compensation of current officers, directors, trustees, and key employees  8 Penson (as defined under section 4988(ft)) and persone described in section 4988(ft) and 4988 persons 4988 per	1					
Individuals   Sae Part N, line 22		· · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958(f)(1)) and persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and 4958(f)	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 sending land to or for members 5 compensation of current officers, directors, trustees, and key employees 6 compensation or included above, to disqualified persons (as defined under section 4988(IV,II) and pass ons described in section 4988(IV,II) and 498(IV,II) and 498(IV,III) an		<b>F</b>				
individuals. See Part IV, lines 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation of current officers disevers of seeding the persons (as defined under section 4958(ft)(1)) and persons described in section 4958(ft)(1) and persons described in section 4958(ft)(1) and persons described in section 4958(ft)(1) and person described 4357, 314.   Continued to the section 4018 and 4000 employee benefits   Continued to the section 4018 and 4000 employees   Continued to the section 4018 and 4018 an	3	· ·				
4 Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4988(c)(3)(8)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions)  Other employee benefits  435,314. 360,178. 30,006. 45,1  Pearlor taxes  1 Fees for services (non-employees):  A Management  Legal  2 4,270. 19,659. 2,184. 2,4  A Accounting  2 8,387. 22,993. 2,555. 2,8  Lobyling  Professional fundraising services. See Part IV, line 17 (Investment management fees)  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g expenses on 5th 0). 297,009. 240,577. 26,731. 29,7  Investment management fees  Other, (if line 11g amount, list line 11g line 24e, 11g line						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 495(f)(1)) and persons described in section 495(f)(1)) and persons described in section 495(f)(1) and 495(f) an						
trustees, and key employees						
6 Compensation not included above, to discustified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8))  7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1 Payroll taxes 2 230 , 332 . 186,569 . 18 , 427 . 25 , 3 1 Fees for services (non-employees):  8 Management 9 Legal 2 4 , 270 . 19 , 659 . 2 , 184 . 2 , 4 2 Accounting 1 28 , 387 . 22 , 993 . 2 , 555 . 2 , 8 1 Lobbying 2 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertsing and promotion 1 , 1055 . 854 . 95 . 1 3 Office expenses 6 Occupancy 1 Travel 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 2 Depreciation, depletion, and amortization 3 Insurance 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 3 Other expenses Inimize expenses on Schodule 0.) 4 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses Inimize expenses on Schodule 0.) 4 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses Inimize expenses on Schodule 0.) 5 PROCESSING FEES & OTHER 7 Tistyle 131, 240 . 172, 725 . 19, 191 . 21, 3 7 TeLEPHONE 8 Application of the siline only if the organization of the propriet in content of the siline only if the organization of the propriet in color of the siline only if the organization of the propriet in color of the siline only if the organization of the propriet in color of the siline only if the organization of the propriet in color of the siline only if the organization of the propriet in color of the siline only if the organization of the propriet in color of th	5	•	230 594	161 /16	3/1 580	3/ 580
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(3))8)  7 Other salaries and wages 2, 374,166. 1,946,514. 175,017. 252,6  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits 435,314. 360,178. 30,006. 45,1  0 Payroll taxes 230,332. 186,569. 18,427. 25,3  1 Fees for services (non-employees):  a Management 24,270. 19,659. 2,184. 2,4  A Accounting 28,387. 22,993. 2,555. 2,8  Legal 24,270. 19,659. 2,184. 2,4  Lobbying 28,387. 22,993. 2,555. 2,8  Lobbying Professional fundraising services. See Part IV, line 17 flivestment management fees. 0 flive in the service of the services of the servi	_		230,394.	101,410.	34,309.	34,309
Persons described in section 4968(c)(3)(B)	6					
7 Other salaries and wages   Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   51,327. 35,929. 7,699. 7,6   9 Other employee benefits   435,314. 360,178. 30,006. 45,1   1 Payroll taxes   230,332. 186,569. 18,427. 25,3   1 Fees for services (non-employees):						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	-		2 374 166	1 9/6 51/	175 017	252 635
section 401(k) and 403(b) employer contributions) 9			2,3/4,100•	1,JTU,J14.	113,011	232,033
9 Other employee benefits	0	`	51 327	35 929	7 699	7 699
Payroll taxes   230 , 332 . 186 , 569 . 18 , 427 . 25 , 3	Ω.					7,099 <u>4</u> 5 130
Fees for services (non-employees):   a Management						25,336
a Management b Legal			230,332•	100,307.	10,727.	23,330
Legal		, , , ,				
C   Accounting   28,387.   22,993.   2,555.   2,8			24 270	19 659	2 184	2 427
d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  297,009 240,577 26,731 29,7  Advertising and promotion 1,055 854 95 1  Office expenses 29,044 23,526 2,614 2,9  Information technology Information technology Royalties Occupancy 430,887 349,809 38,349 42,7  Travel 194,021 157,157 17,462 19,4  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 9,099 7,370 1,7  Interest 194,021 19						2 839
Professional fundraising services. See Part IV, line 17 fn westment management fees. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 297,009 . 240,577 . 26,731 . 29,7 2 Advertising and promotion 1,055 . 854 . 95 . 1 3 Office expenses 29,044 . 23,526 . 2,614 . 2,9 1 Information technology			20,307.	22,333.	2,333.	2,000
Investment management fees   g   Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   297,009						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  297,009. 240,577. 26,731. 29,7  Advertising and promotion 1,055. 854. 955. 1  3 Office expenses 29,044. 23,526. 2,614. 2,9  Information technology  Royalties 7 Cocupancy 430,887. 349,809. 38,349. 42,7  Travel 194,021. 157,157. 17,462. 19,4  Rayments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings 9,099. 7,370. 1,7  Interest 9 Depreciation, depletion, and amortization 1 Payments to affiliates 2 Depreciation, depletion, and amortization 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT 1 PROCESSING FEES & OTHER C VISIBILITY 96,857. 78,454. 8,717. 9,6  d TELEPHONE 89,145. 72,207. 8,023. 8,9  c Ald other expenses . Add lines 1 through 24e 5,004, 550. 4,098,311. 429,696. 539,5						
Column (A) amount, list line 11g expenses on Sch 0.   297,009.   240,577.   26,731.   29,7						
2 Advertising and promotion	9		297.009	240.577	26.731.	29,701
Office expenses   29,044	2	· ·			95.	106
4 Information technology Royalties Cocupancy A 30 , 887 . 349 , 809 . 38 , 349 . 42 , 7 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Payments to affiliates Depreciation, depletion, and amortization Insurance Office expenses, Itemize expenses on Schedule 0.)  a EQUIPMENT PROCESSING FEES & OTHER CVISIBILITY TELEPHONE All other expenses Ald lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						2,904
5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 9 19,099 11,70 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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 0.) 15 PROCESSING FEES & OTHER 130,707. 105,873. 11,763. 13,0 17 TELEPHONE 131,320. 999,172. 19,904. 12,2 17 Total functional expenses. Add lines 1 through 24e 18 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		Information technology			_,	_,
430,887.   349,809.   38,349.   42,7						
Travel			430.887.	349.809.	38,349.	42,729
Payments of travel or entertainment expenses for any federal, state, or local public officials   Payments of travel or entertainment expenses for any federal, state, or local public officials   Payments of affiliates   Payments to affiliates   Payments to affiliates   Payments to affiliates   Popreciation, depletion, and amortization   70,776						19,402
for any federal, state, or local public officials Conferences, conventions, and meetings 9,099. 7,370. 1,7 Interest 9 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Insurance 16 Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0. 10 PROCESSING FEES & OTHER 130,707. 105,873. 11,763. 13,0 PROCESSI			- , -	,	,	- ,
9 Conferences, conventions, and meetings 9,099. 7,370. 1,7 Interest 9 Payments to affiliates 9 Payments to affiliates 9 Pepreciation, depletion, and amortization 10 Payments to affiliates 9 Popreciation, depletion, and amortization 10 Payments to affiliates 9 Payments to affiliates 11, 70 Payments 4, 370 Payments	•	'				
Description	9		9,099.	7,370.		1,729
1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 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 0.)  a EQUIPMENT  b PROCESSING FEES & OTHER  c VISIBILITY  d TELEPHONE  e All other expenses  5 Total functional expenses. Add lines 1 through 24e  6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  70,776			, , , , , , ,	,		,
Depreciation, depletion, and amortization 70,776. 57,329. 6,370. 7,0  Insurance 70,776. 57,329. 6,370. 7,0  Insurance 70,776. 57,329. 6,370. 7,0  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 0.)  a EQUIPMENT 213,240. 172,725. 19,191. 21,3  b PROCESSING FEES & OTHER 130,707. 105,873. 11,763. 13,0  c VISIBILITY 96,857. 78,454. 8,717. 9,6  d TELEPHONE 89,145. 72,207. 8,023. 8,9  e All other expenses 131,320. 99,172. 19,904. 12,2  5 Total functional expenses. Add lines 1 through 24e 5,067,550. 4,098,311. 429,696. 539,5						
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 0.)   EQUIPMENT			70,776.	57,329.	6,370.	7,077
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 0.)  a EQUIPMENT b PROCESSING FEES & OTHER C VISIBILITY d TELEPHONE e All other expenses Total functional expenses. Add lines 1 through 24e  5 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			,	,	,	, -
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 0.)  a EQUIPMENT  b PROCESSING FEES & OTHER  c VISIBILITY  96,857.  78,454.  8,717.  9,6  TELEPHONE  All other expenses  Total functional expenses. Add lines 1 through 24e  5,067,550.  4,098,311.  429,696.  539,5						
amount, list line 24e expenses on Schedule 0.)  a EQUIPMENT  b PROCESSING FEES & OTHER  C VISIBILITY  d TELEPHONE  e All other expenses  5 Total functional expenses. Add lines 1 through 24e  d Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	•	above. (List miscellaneous expenses in line 24e. If line				
a EQUIPMENT b PROCESSING FEES & OTHER C VISIBILITY d TELEPHONE e All other expenses 5 Total functional expenses. Add lines 1 through 24e educational campaign and fundraising solicitation.  213,240. 172,725. 19,191. 21,3 130,707. 105,873. 11,763. 13,0 96,857. 78,454. 8,717. 9,6 89,145. 72,207. 8,023. 8,9 131,320. 99,172. 19,904. 12,2 5,067,550. 4,098,311. 429,696. 539,5						
PROCESSING FEES & OTHER   130,707.   105,873.   11,763.   13,0	а		213,240.	172,725.	19,191.	21,324
C VISIBILITY         96,857.         78,454.         8,717.         9,6           d TELEPHONE         89,145.         72,207.         8,023.         8,9           e All other expenses         131,320.         99,172.         19,904.         12,2           5 Total functional expenses. Add lines 1 through 24e         5,067,550.         4,098,311.         429,696.         539,5           6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.         429,696.         539,5	b					13,071
TELEPHONE  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c					9,686
All other expenses  Total functional expenses. Add lines 1 through 24e  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						8,915
Total functional expenses. Add lines 1 through 24e  5,067,550. 4,098,311. 429,696. 539,5  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						12,244
Gound Costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						539,543
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			, , , , , , , , , , , ,	, -, -	,	- ,
educational campaign and fundraising solicitation.	-					
Check here Lift following SOP 98-2 (ASC 958-720)		· · · · · ·				

Form **990** (2014)

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1					1	
	2				2,105,604.	2	2,129,726.
	3	Pledges and grants receivable, net			215,739.	3	450,056.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
र		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				64,954.	9	55,321.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	549,735.			
	b	Less: accumulated depreciation	10b	549,735. 433,378.	189,470.	10c	116,357.
	11	Investments - publicly traded securities			·	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			29,500.	15	9,224.
	16	Total assets. Add lines 1 through 15 (must equ	2,605,267.	16	2,760,684.		
	17	Accounts payable and accrued expenses			304,403.	17	219,387.
	18	Grants payable				18	
	19	Deferred revenue			33,565.	19	40,427.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24	). Complete Part X of			
		Schedule D			5,422.	25	0.
	26	Total liabilities. Add lines 17 through 25			343,390.	26	259,814.
		Organizations that follow SFAS 117 (ASC 95	8), chec	k here X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
anc anc	27	Unrestricted net assets			2,079,458.	27	2,406,803.
Bala	28	Temporarily restricted net assets			182,419.	28	94,067.
Ε	29			<u></u> <u>L</u>		29	
Ξ		Organizations that do not follow SFAS 117 (A	ASC 95	8), check here ▶Ш			
٥		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or e				31	
	32	Retained earnings, endowment, accumulated in			0.061.0==	32	
	33	Total net assets or fund balances		L	2,261,877.	33	2,500,870.
	34	Total liabilities and net assets/fund balances			2,605,267.	34	2,760,684.

Form **990** (2014)

	990 (2014) 1111001101 11100		<b>400 1</b>	<u> </u>	га	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,06		
3	Revenue less expenses. Subtract line 2 from line 1	3				93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	, 26	1,8	77.
5	Net unrealized gains (losses) on investments	5				
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	,50	0,8	70.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2014)

432012 11-07-14

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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

Open to Public Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	//b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name
•		city, and state:	anon operated in co	njanotion with a noopita	. 400011501			ino neophare name,
5		An organization operated for	or the benefit of a co	ullege or university owne	d or onera	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		mage of armivorally ownie	a or opera	tou by u g	overnmental and accord	,oa
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h)/1)/A)	(v)	
	X	An organization that norma	-					public described in
'		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	iioiii a gov	emmentai	unit of norm the general	public described in
8			•	(1)(A)(vi) (Complete Par	+ 11 \			
9		An organization that norma				contribution	ana mambarahin fasa a	and arose receipts from
9		An organization that norma	•	•	-			-
		activities related to its exen	-	•				•
		income and unrelated busin		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.
10		See <b>section 509(a)(2).</b> (Cor An organization organized a	•	ively to test for public so	afoty Soo	saction 50	10(2)(4)	
11	Ħ	An organization organized a	•	•				nurnoses of one or
• •		more publicly supported or	<u>=</u>	•	-		· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that	•					MIECK LITE DOX III
•		Type I. A supporting orga				•		, aivina
а		the supported organization	•	•	•			
		• • • • •			a majomy	or the direc	ciors or trustees or the s	supporting
h		organization. You must o			tion with it	e cupport	ad arganization(s) by ba	vina
b		Type II. A supporting org	•					-
		control or management o			arrie perso	טווס נוומנ טנ	introl of manage the sup	pported
•		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with
C		Type III functionally inte	= ::				• •	eu wiiri,
لم		its supported organization						=otion(o)
d		Type III non-functionally	= ::				• • • • •	
		that is not functionally int	-		•			iveriess
_		requirement (see instruct	•	· ·				
е		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					гтурет, туреті, туретіі	
	Ento	r the number of supported of						
,		ride the following information						
9_		Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i governing	n your	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(See Instructions))				
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

# 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and						_	
	membership fees received. (Do not							
	include any "unusual grants.")	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
5	The portion of total contributions						· · · ·	
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						414,213.	
6	Public support. Subtract line 5 from line 4.						21,014,292.	
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
	Amounts from line 4	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
	Gross income from interest,	, , , , , , , , , ,	, , , , , , , , , , , , ,		-,,	, , = , , , , , , , , , , , , , , , , ,		
Ū	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	1,483.		181.	727.	392.	2,783.	
9	Net income from unrelated business				, _ , ,	3321		
3	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	•			11,410.	24,076.	47,563.	83,049.	
44	assets (Explain in Part VI.)			11,110	21,070.	47,3031	21,514,337.	
	<b>Total support.</b> Add lines 7 through 10	eta (esa inatruatio	.na)			12	21,314,337.	
12 13	Gross receipts from related activities, First five years. If the Form 990 is for			fourth or fifth to				
13	organization, check this box and stor				•		ightharpoonup	
Sec	ction C. Computation of Publ		centage			• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2014 (		<u> </u>	olumn (fl)		14	97.68 %	
15	Public support percentage from 2013					15	97.78 %	
	33 1/3% support test - 2014. If the o						,-	
100	<b>stop here.</b> The organization qualifies	· ·		,		,	► X	
h	33 1/3% support test - 2013. If the o							
~	and <b>stop here.</b> The organization qual							
170	10% -facts-and-circumstances tes							
17 a	and if the organization meets the "fac	· ·					•	
	•			-	-	_		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes	-					10% Of	
	more, and if the organization meets the		•				▶ □	
40	organization meets the "facts-and-circ			•	,			
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2014

# 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 under the tests listed below, please complete Part II.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and	(=) == 10	(3) 2011	(3) 23 12	(2) 2310	(5) = 5 1 7	(.,
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(4) 20 10	(5) 25 1 1	(0, 20.2	(3,7 = 3 : 5	(5) = 5 · ·	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd. fourth. or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
	check this box and <b>stop here</b>	· ·	•		•		
Se	ction C. Computation of Publi						,
15	Public support percentage for 2014 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	l			
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
ŀ	33 1/3% support tests - 2013. If the	•			•		
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	oorted organization	·
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
1.5		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0.0		
9c		
10a		
10b	0 EZ\	

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizations		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		100	110
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	-	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Cont	Section A - Adjusted Net Income  (A) Prior Year  (A) Prior Year  (A) Prior Year							
Seci	ion A - Adjusted Net Income	(A) Prior Year	(optional)					
_1_	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	anization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2014

15550405 701224 7955

Par	Trype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	, , , , , , , , , , , , , , , , , , , ,			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
C	Evanor from 2012			
	Excess from 2014			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

TREVOR PROJECT INC. 95-4681287

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
	· ·	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

TREVOR PROJECT INC. 95-4681287

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLS FARGO FOUNDATION  333 S GRAND AVE STE 2000  LOS ANGELES, CA 90071-1524	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE CHRYSLER FOUNDATION  1000 CHRYSLER DRIVE  ARBOR HILLS, MI 48326	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnian (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# TREVOR PROJECT INC.

95-4681287

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	nization			Employer identification numbe	r
TREVOR	PROJECT INC.			95-4681287	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition.	s, charitable, etc., contributions of \$1,00	<b>bed in section</b> ollowing line en oo or less for the y	501(c)(7), (8), or (10) that total more than \$1,000 try. For organizations	0 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			-   -		
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
-	Transferee's name, address, at	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of	gift		
-	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee	
-					
-					

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	(see separate instructions), then								
	Section 501(c)(4), (5), or (6) organizate of organization	tions: Complete Part III.		Emn	loyer identification number				
Naii	•	PROJECT INC.		Linp	95-4681287				
Pa		ganization is exempt unde	r section 501(c) o	or is a section 527 o					
2	Provide a description of the organiz Political expenditures Volunteer hours	·		<b>▶</b> 9	<b>.</b>				
Pa	rt I-B Complete if the org	ganization is exempt unde	r section 501(c)(3	3).					
	Enter the amount of any excise tax			▶ 9	\$				
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	<b>▶</b> §	\$				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes L No				
4a	Was a correction made?				Yes No				
b	If "Yes," describe in Part IV.				(a) (0)				
	rt I-C Complete if the org								
3	,								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0				

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) Total			
2a Lobbying nontaxable amount			421,954.	403,378.	825,332.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,237,998.			
c Total lobbying expenditures			181,186.	3,420.	184,606.			
<b>d</b> Grassroots nontaxable amount			105,489.	100,845.	206,334.			
e Grassroots ceiling amount (150% of line 2d, column (e))					309,501.			
f Grassroots lobbying expenditures			9,059.		9,059.			

Schedule C (Form 990 or 990-EZ) 2014

# Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-468128 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ection	
•	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
_			- 1 -		
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).		1		
2	expenses for which the section 527(f) tax was paid).	aı			
9	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
			4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		3		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dort I	I A lines 1	and 2 (see	
		iisi), rait i	I-A, IIIIes I	anu 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.  RT II-A, LINE 1, LOBBYING ACTIVITIES:				
THI	E TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON D	C SUPI	PORT P	OLICY	ТО
ENI	HANCE THE MENTAL HEALTH AND WELL BEING OF LGBTQ YOU	NG PE	OPLE T	HROUGH	[
TAI	RGETED INTERVENTIONS THAT ADDRESS RISK FACTORS FOR	SUICII	DE. TH	E TREV	OR
PRO	OJECT FOCUSED ON FEDERAL LOBBYING EFFORTS ON WORKIN	G WITE	H LEGI	SLATOR	S TO
REZ	AUTHORIZE THE GARRETT LEE SMITH MEMORIAL ACT AND ST				
43204		Schedu	le C (Form	990 or 990	-EZ) 2014

10-21-14

Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC.  Part IV   Supplemental Information (continued)	95-4681287 Page 4
Part IV Supplemental Information (continued)	
PREVENT CONVERSION THERAPY.	
THE VEHICLE CONVENIENCE INCLUDING	
	0.1.1.2/2
	Schedule C (Form 990 or 990-EZ) 2014

432044 10-21-14

# **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.

► Information about Schedule D (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 Name of the organization

Employer identification number

	TREVOR PROJECT INC		95-4681287
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No_
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	
а			
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	reasures,	or Othe	r Simila	ır Asse	t <b>s</b> (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a si	gnificant ι	ise of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further t	the organizati	ion's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similar	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?				Yes	No_
Pai	t IV Escrow and Custodial Arrang	-	ete if the	organizatio	on answered	"Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	ns or other as	sets not	included		_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance						. 1f		_	
	Did the organization include an amount on Fo						ity?	∟	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.				_					
Pai	t V   Endowment Funds. Complete if				1					
	-	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	( <b>d)</b> Three ye	ears back	<b>(e)</b> Four y	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for th	ne organiz	ation	_	
	by:									es No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations								. 3b	
4	Describe in Part XIII the intended uses of the		wment 1	funds.						
Pai	t VI Land, Buildings, and Equipm		_							
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings		100				7 10			
	Leasehold improvements	202	189.				7,18			0.
	Equipment						360,65			,224.
	Other						65,53	53.		,133.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colun	nn (B). line '	10c.)				TT6	,357.

Schedule D (Form 990) 2014

Part VII	Investments -	Other	<b>Securities</b>

		ine 11b. See Form 990, Par	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market valu
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 000 Port IV	ing 11a Sag Form 000 Par	d V line 12
(a) Description of investment	(b) Book value		ומלוסח: Cost or end-of-year market valu
• • • • • • • • • • • • • • • • • • • •	(b) Book value	(c) Welliou of Valu	action. Cost of cha of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV,	ine 11d. See Form 990, Par	rt X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15\		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>)</b>
Part X Other Liabilities.			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"			90, Part X, line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability		ine 11e or 11f. See Form 99	90, Part X, line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes			90, Part X, line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2)			90, Part X, line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes			90, Part X, line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2)			90, Part X, line 25.
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)			90, Part X, line 25.
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)			90, Part X, line 25.
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			90, Part X, line 25.
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)			90, Part X, line 25.
Other Liabilities. Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)			90, Part X, line 25.
ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	to Form 990, Part IV,		90, Part X, line 25.
Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	to Form 990, Part IV,	(b) Book value	

432053

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per R	eturr	).
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	5,640,690.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	334,147.		
С		eries of prior year grants				
d		(Describe in Part XIII.)				
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	334,147.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	5,306,543.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,306,543.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				- 101 605
1	Total e	expenses and losses per audited financial statements			1	5,401,697.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		224 445		
а	Donate	ed services and use of facilities	2a	334,147.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	334,147.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	5,067,550.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С		nes <b>4a</b> and <b>4b</b>			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,067,550.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional info	mation.		

#### PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC 740"), THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.

THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JULY 31, 2015, THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

► 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/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

TREVOR	PROJECT INC.				95-4681	287
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais</li> <li>a</li></ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribution	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
- Total		•	<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	utions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

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

		le G (Form 990 or 990-EZ) 2014 TREVOR				4681287 Page 2
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or lundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LIVE LA	LIVE NY	8	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	1,067,536.		277,124.	2,068,951.
ш	2	Less: Contributions	528,790.	449,191.	100,344.	1,078,325.
	3	Gross income (line 1 minus line 2)	538,746.	275,100.	176,780.	990,626.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment	520 546	0.75 1.00	156 500	000 606
	9	Other direct expenses		•		990,626.
	10	, ,			_	990,626. 0.
Pa	rt l	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization		990. Part IV. line 19. or r		0.
		\$15,000 on Form 990-EZ, line 6a.			operiod mere man	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ucts gaming activities:			Yes No
		ere any of the organization's gaming licenses r Yes," explain:	evoked, suspended or te	erminated during the tax y	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC.	95-4	6812	87 P	age 3
11 Does the organization conduct gaming activities with nonmembers?		Y		∐No
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?		Ye	es 🗆	□No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		%
<b>b</b> An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re				
Name ▶				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es 🗆	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> and the a	mount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name				
Address ▶				
<b>16</b> Gaming manager information:				
Name ▶				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				_
retain the state gaming license?		. L Ye	es L	⊔ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the			
organization's own exempt activities during the tax year > \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), are	nd Part III, li	nes 9, 9l	o, 10b,	15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).				
432083 08-28-14 Sched	ule G (Form	1 990 or	990-EZ	2014

Schedule G	(Form 990 or 990-EZ)	TREVOR PROJECT	INC.	95-4681287	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Information	rmation (continued)			
		(00)			
-					
-					

### **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. ► 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

Name of the organization

Department of the Treasury

Internal Revenue Service

TREVOR PROJECT INC.

Employer identification number 95-4681287

Pa	art 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 in Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
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			
2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant  X Compensation survey or study				
	Form 990 of other organizations  X Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
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		X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:	_		v	
a	The organization?	5a		X	
b	Any related organization?	5b		Δ	
^	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: The organization?	6a		Х	
	The organization? Any related organization?	6b		X	
b	If "Yes" to line 6a or 6b, describe in Part III.	00			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
-	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2014

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, of Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penents	
(1) ABBE LAND	(i)	199,651.	0.	0.		8,483.	t
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	$\Gamma$
	(i)		<u> </u>	<u> </u>			Ĺ'
	(ii)			<b></b> '	,	<u> </u>	⊥'
	(i)			'			⊥'
	(ii)			<u> </u>		<u> </u>	⊥'
	(i)			<b></b> '	!	<u> </u>	⊥_'
	(ii)	,	<u>_</u>	<b></b> '	<u> </u>	<u> </u>	⊥'
	(i)			<b></b> '		<u> </u>	⊥'
	(ii)			<b></b> '		<u> </u>	
	(i)	<u>,                                    </u>		<b></b> '		<u> </u>	
	(ii)	,	<b></b>	<b></b> '	<u>'</u>	<del> </del> '	ot
	(i)	,	<b></b>	<b></b> '	<u>'</u>	<del> </del> '	ot
	(ii)	,	<b></b>	<b>!</b> '	<u> </u>	<u> </u>	ot
	(i)	,	<b></b>	<b>!</b> '	<u> </u>	<u> </u>	ot
	(ii)			<b></b> '	ļ'	<del>                                     </del>	oppi
	(i)			<b></b> '	ļ'	<del>                                     </del>	oppi
	(ii)			<b></b> '	ļ'	<del>                                     </del>	$\perp$
	(i)			<b></b> '	ļ'	<del>                                     </del>	oppi
	(ii)			<b>——</b> '	<u> </u>	<del>                                     </del>	$\downarrow$
	(i)		<b></b>	<b> </b>	<u> </u>	<del>                                     </del>	oppi
	(ii)			<b>——</b> '	<u> </u>	<del>                                     </del>	oppi
	(i)			<b></b> '	ļ'	<del>                                     </del>	$\perp$
	(ii)			<b></b> '	ļ'	<del>                                     </del>	$\perp$
	(i)			<del></del> '	<u> </u>	<del>                                     </del>	$\perp$
	(ii)			<del></del> '	<u> </u>	<del>                                     </del>	$\downarrow$
	(i)			<b>——</b> '	<u> </u>	<del>                                     </del>	$\vdash$
	(ii)		$\overline{}$	<b></b> '		<del>                                     </del>	$\vdash$
	(i)			<del>                                     </del>	<u> </u>	<del>                                     </del>	oppoons
	(ii)	,		<del>                                     </del>		<del>                                     </del>	╀
	(i)	,		<del>                                     </del>		<del>                                     </del>	╀
	(ii)	, ,	· '	1	1	1 '	1

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### **SCHEDULE 0**

(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.

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

OMB No. 1545-0047

Inspection

TREFOR TROOLET THE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE TREVOR PROJECT IS TO END SUICIDE AMONG GAY, LESBIAN,
BISEXUAL, TRANSGENDER AND QUESTIONING YOUNG PEOPLE. THE ORGANIZATION
WORKS TO FULFILL THIS MISSION THROUGH FOUR STRATEGIES:
1. PROVIDE CRISIS COUNSELING TO LGBTQ YOUNG PEOPLE THINKING OF SUICIDE.
2. OFFER RESOURCES, SUPPORTIVE COUNSELING AND A SENSE OF COMMUNITY TO
LGBTQ YOUNG PEOPLE TO REDUCE THE RISK THAT THEY BECOME SUICIDAL.
3. EDUCATE YOUNG PEOPLE AND ADULTS WHO INTERACT WITH YOUNG PEOPLE ON
LGTBQ-COMPETENT SUICIDE PREVENTION, RISK DETECTION AND RESPONSE.
4. ADVOCATE FOR LAWS AND POLICIES THAT WILL REDUCE SUICIDE AMONG LGBTQ
YOUNG PEOPLE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDRESS RISK FACTORS FOR SUICIDE.
FORM 990, PART VI, SECTION B, LINE 11:
THE DRAFT 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT, THEN DISTRIBUTED VIA
E-MAIL TO THE BOARD OF DIRECTORS. THE BOARD VOTED TO APPROVE THE DRAFT IN
THEIR ANNUAL RETREAT. THE EXECUTIVE DIRECTOR/CEO SIGNED OFF ON THE APPROVED
990.

Name of the organization TREVOR PROJECT INC. Employer identification number 95-4681287

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

THE EXECUTIVE DIRECTOR IS IN CHARGE OF MONITORING THE ANNUAL CONFLICT OF

INTEREST STATEMENTS AND ENFORCING THE CONFLICT OF INTEREST POLICY. BOARD

MEMBERS SIGN CONFLICT OF INTEREST STATEMENTS AT THEIR ANNUAL RETREAT.

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

THE TREVOR PROJECT ENGAGES THE SERVICES OF AN INDEPENDENT PARTY EVERY TWO
YEARS TO CONDUCT A COMPENSATION SURVEY OF NOT JUST THE EXECUTIVE

DIRECTOR/CEO AND KEY EMPLOYEES, BUT OF ALL TREVOR PROJECT STAFF. THIS STUDY
COMPARES THE COMPENSATION LEVELS AND BENEFITS OFFERED TO EMPLOYEES TO THE
CURRENT INDUSTRY TRENDS. COMPENSATION FOR ALL EMPLOYEES ARE BASED ON THE
RANGES IDENTIFIED AS A RESULT OF THIS STUDY AS WELL AS THE EMPLOYEE'S
EXPERIENCE. THE EXECUTIVE DIRECTOR/CEO APPROVES THE COMPENSATION OF KEY
EMPLOYEES; THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE
COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO. THE BOARD ALSO SETS THE INITIAL
SALARY OF THE VICE PRESIDENT OF OPERATIONS WHO ACTS AS THE CFO. THE
DELIBERATIONS AND DECISIONS ARE RECORDED CONTEMPORANEOUSLY AND KEPT BY THE
HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,NY,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW.GUIDESTAR.ORG OR UPON REQUEST.

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

432212

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization  TREVOR PROJECT INC.	Employer identification number 95-4681287
FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE	AVAILABLE UPON
REQUEST. THEY ARE MADE AVAILABLE ON THE ORGANIZATION'S WE	EBSITE. THE 990 IS
ALSO AVAILABLE ON WWW.GUIDSTAR.ORG	

	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex					$ ightharpoonup \xspace[X]$
	lly complete Part II if you have already been granted an a			iled Form	8868.	
Part II	are filing for an Automatic 3-Month Extension, completed Additional (Not Automatic) 3-Month E			al (no co	onies needed	
i dit ii	Additional (Not Automatio) o Month E	Atciloio		•	ng number, see i	
Type or	Name of exempt organization or other filer, see instru	ctions	Litter filer s		r identification nu	
print	Name of exempt organization of other mer, see instru	Ctions.		Litiploye	i identinication nu	ITIDEI (LIIV) OI
File by the	TREVOR PROJECT INC.			95-4681287		
due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social security number (SSN)		
filing your return. See	C/O 10960 WILSHIRE BLVD., ST					,
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.	ı		
	LOS ANGELES, CA 90024	Ü	,			
	•					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8868.	
	JEREMY ANCALADI					2060
	poks are in the care of SANTA MONI	ICA B		TTAMO	OD, CA 90	0069
	none No. ► 310 – 271 – 8845		Fax No.			
	organization does not have an office or place of business					<b>&gt;</b>
	is for a Group Return, enter the organization's four digit	1				
box 🕨 l	<u> </u>		ach a list with the names and EINs o	f all memb	ers the extension	is for.
	equest an additional 3-month extension of time until		15, 2016 , 2014 , and endin	ттт	31 2011	=
	,				31, 201	<u>,                                    </u>
6 If th	ne tax year entered in line 5 is for less than 12 months, c	neck reas	on: Initial return	Final r	return	
7 Cta	☐ Change in accounting period					
	tte in detail why you need the extension DDITIONAL TIME IS NECESSARY 7	ים מאי	THER INFORMATION T	N ORD	ER TO ET	.F. Δ
	OMPLETE AND ACCURATE TAX RETU		IIIIN INI ORBITION I	II OND	LIK IO III	<u> </u>
	MIDDIE IND MCCORNIE IIM RDIC	31(11				
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any			
	nrefundable credits. See instructions.	, 0, 0000,	onto the tentative tax, less any	8a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated		Ť	
	payments made. Include any prior year overpayment all		•			
	eviously with Form 8868.		a crossivalita arry arrivosirit para	8b	\$	0.
<u>-</u>	lance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form, if required, by using		Ť	-
	TPS (Electronic Federal Tax Payment System). See instru	•	,, <b></b> ,	8c	\$	0.
			st be completed for Part II			
Under pen	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo		-	-	of my knowledge an	d belief,
it is true, c	orrect, and complete, and that I am authorized to prepare this fo	orm.			- <b>-</b>	•
Signature	► Title ► C	CPA		Date		
					Form <b>8868</b>	(Rev. 1-2014)

423842 09-15-14 **Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2014** 

### California Exempt Organization Annual Information Return

428941 11-26-14 FORM

199

Calendar Ye	ar 2014	or fiscal year beginning (mm/dd/yyyy) $08/01/2014$ , and ending (mm/dd	l/yyyy)	0	7/31/2015 .		
Corporation/			California c	orporatio	n number		
TREVO	R PI	ROJECT INC.	208	352	9		
Additional In	ormation	. See instructions.	FEIN				
			95-	468	1287		
Street addres			PMB	10.			
	SAN	A MONICA BOULEVARD, NO. 200					
City		State	ZIP co				
		JYWOOD CA	900				
Foreign cour	try name	Foreign province/state/county	Foreig	n postal	code		
A First Re	turn	Yes X No J If exempt under R&TC Section	23701d, h	as the o	 organization		
<b>B</b> Amend	ed Retu	rn Yes X No engaged in political activities? S					
		47(a)(1) trust Yes X No K Is the organization exempt und	er R&TC S	ection 2	23701g? •  Yes  X No		
		on Return? If "Yes," enter the gross receipts	from non	membe	ır		
•	Disso	ved • Surrendered (Withdrawn) sources			\$		
•	Merge	d/Reorganized Enter date: (mm/dd/yyyy) • L If organization is exempt under	R&TC Sec	tion 23	701d		
E Check a		ing method: and meets the filing fee exception					
(1)	Cas	h (2) X Accrual (3) Other fee is required.					
<b>F</b> Federal			-				
(1) ● 🗆		( ) — ( ) — ( )					
		filing? See instructions.  • Yes X No report taxable income?					
			· · · · · · · · · · · · · · · · · · ·				
If "Yes,"	what is	the parent's name?  IRS audited in a prior year?					
I Did the		ation have any changes to its guidelines • Yes X No Date filed with IRS			Yes X No		
		ation have any changes to its guidelines • Yes X No Date filed with IRS					
Part I	Compl	ete Part I unless not required to file this form. See General Instructions B and C.					
	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8		• 1	1,038,581.00		
	2	Gross dues and assessments from members and affiliates					
	3						
Receipts	4	Gross contributions, gifts, grants, and similar amounts received  Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Instruction B		• 4	<del> </del>		
and	5	Cost of goods sold • 5		00			
Revenues	6	Cost or other basis, and sales expenses of assets sold 6	(	00			
	7	Total costs. Add line 5 and line 6		. 7			
	8	Total gross income. Subtract line 7 from line 4			- / - / 00		
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	(	9			
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		_	7		
	11	Filing fee \$10 or \$25. See General Instruction F		. 11	·		
Filing	12	Total payments		. 12			
Fee	13	Penalties and Interest. See General Instruction J		13			
	14	Use tax. See General Instruction K		14			
	15 Unde	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  repenalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h	nd to the be	15 st of my	knowledge and belief,		
Cian	it is t			rledge.			
Sign	Signa	ture EXECUTIVE DIRE	ate		● Telephone		
Here	of off	Date	neck if		● PTIN		
	Prepa	would	neck if elf-employed		□ ₽00666808		
Paid		s name	,,		● FEIN		
Preparer's	(or vo	urs. CINCEDIEWAY IID			95-2302617		
Use Only	if self empl	10960 WILSHIRE BLVD. STE 700			● Telephone		
•••	and a	LOS ANGELES, CA 90024-3783			(310) 477-3924		
	May	the FTB discuss this return with the preparer shown above? See instructions	<u>.</u> •	X Ye	s No		

# Political or Legislative Activities by Section 23701d Organizations

3509

<b>9</b>	
For calendar year 2014 or fiscal year beginning (mm/dd/yyyy) $ \underline{08/01/2014} $ , and ending (mm/dd/yyyy) $\underline{07/000} $	/31/2015
Attach to Form 199. FTB 199N filers see instructions.	O-life mails a supervision and
	California corporation number 2083529
Street address (suite, room, or PMB no.)	FEIN 95-4681287
City State ZIP Code CA 90069	
Part I - Political Activities	
Complete if the organization supported or opposed a candidate for public office. See instructions.	
1 Has the organization participated or intervened in any political campaign on behalf of any elective public office of the scribe the activities. Provide a summary of any published material relating to the activities.	eandidate? <b>1</b> Yes X No
2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate?  If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to the amount paid, and date of contribution.	
Part II - Legislative Activities  Complete if the organization attempted to influence legislation.  3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not file federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3)  Organization to Make Expenditures to Influence Legislation?  If "Yes," See instructions.	d a <b>3</b> Yes <b>X</b> _ No
<ul> <li>4a Has the organization, during the 2014 taxable year, filed a federal election Form 5768? See instructions If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purpose. If "No", go to question 4b.</li> <li>4b Has the organization filed a federal election Form 5768 in a prior year that has not been revoked? Note: The organization cannot make this election if it is a church, an integrated auxiliary of a church, a</li> </ul>	
7 Grass Roots Expenditures  The amount expended to influence any legislation through attempts to affect the opinions of the general public	6 \$ 3,420. <sub>00</sub>

Date Accepted \_

TAXABLE YEAR

# California e-file Return Authorization for

FORM

2014		rganizations	rizatio	11 101		8453-EO
Exempt Organiza	ation name					Identifying number
TREVOR	PROJECT INC.					95-4681287
Part I Ele	ectronic Return Information	(whole dollars only)				
1 Total gr	oss receipts (Form 199, line 4	)				1 6,297,169. <sub>00</sub>
2 Total gr	oss income (Form 199, line 8)					2 6,297,169. <sub>00</sub> 3 6,058,176. <sub>00</sub>
3 Total ex	penses and disbursements (	Form 199, line 9)				3 6,058,176. <sub>00</sub>
	ttle Your Account Electroni	cally for Taxable Year 2014				
	ectronic funds withdrawal	4a Amount		<b>b</b> Withdrawal o	date (mm/dd/y	ууу)
		verified the exempt organization's	banking info	ormation?)		
<b>5</b> Routing	number			г	_	
6 Account	number		<b>7</b> Type	of account:	Checking	Savings
	eclaration of Officer					
I authorize the on line 4a.	exempt organization's account to	be settled as designated in Part II. If I c	heck Part II, E	Box 4, I authorize	an electronic fu	nds withdrawal for the amount listed
transmitter, or California elect a balance due organization w statements be	intermediate service provider and tronic return. To the best of my king return, I understand that if the Fra rill remain liable for the fee liability transmitted to the FTB by the ER	n officer of the above exempt organization of the amounts in Part I above agree with nowledge and belief, the exempt organization of the transport of the trans	the amounts ation's return e full and time . I authorize the ovider. If the	on the correspon is true, correct, a ely payment of the ne exempt organi processing of the	ding lines of the nd complete. If e exempt organi zation return an	e exempt organization's 2014 the exempt organization is filing zation's fee liability, the exempt d accompanying schedules and
Sign	•		EXEC	UTIVE DI	RECTOR	CEO
Here	Signature of Officer	Date	Title			
Part V De	eclaration of Electronic Retu	ırn Originator (ERO) and Paid Pre	oarer.			
am only an int accurately refl provided the of 1345, 2014 e- the exempt or I declare that I	ermediate service provider, I undects the data on the return.) I hav rganization officer with a copy of file Handbook for Authorized e-file ganization return is filed, whichev have examined the above exemp	organization's return and that the entrie erstand that I am not responsible for reve obtained the organization officer's signall forms and information that I will file veroviders. I will keep form FTB 8453-Eer is later, and I will make a copy availab t organization's return and accompanying ion based on all information of which I have	iewing the exc lature on form vith the FTB, a O on file for folle le to the FTB of le schedules a	empt organization of FTB 8453-EO be and I have followe our years from the upon request. If I and statements, a	's return. I declar fore transmitting d all other requice due date of the am also the paid	are, however, that form FTB 8453-EO g this return to the FTB; I have rements described in FTB Pub. e return or <b>four</b> years from the date I preparer, under penalties of perjury,
	$\sim \sim $		. Dt-	. Ob 1. if	. Ob a als	LEDOL- DIN
ERO signa	ature // //		Date	Check if also paid	Check if self-	ERO'S PTIN
ERO	/ /. /			preparer	X employ	
if sel		RLEWAK LLP				FEIN 95-2302617
	address 10960	WILSHIRE BLVD. S' NGELES, CA	re 700			ZIP Code 90024-3783
	s of perjury, I declare that I have	examined the above organization's retur I make this declaration based on all info				
Paid Preparer	Paid preparer's signature	THIARE THIS DECLARATION DASED ON AN INTO		ate	Check if self- employed	Paid preparer's PTIN
Must	Firm's name (or yours				•	FEIN
Sign	if self-employed) and address					ZIP Code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2014

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 112003	Check if:					
	Change of address					
TREVOR PROJECT INC.  Name of Organization	Amended report					
8704 SANTA MONICA BOULEVARD, NO. 200 Address (Number and Street)	Corporate o	or Organization No. 2083529				
WEST HOLLYWOOD, CA 90069 City or Town, State and ZIP Code  Federal Employer I.D. No. 95-4681287						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue				<u>e</u>		
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$1,000,001 and \$50 million Greater than \$50 million			\$15 \$22 \$30	25		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{08/01/201}{5,306,543}$ Total assets \$		ng <u>07/31/2015</u> ) list: 760,684•				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a se and details for each "yes" response. Please review RRF-1 instructions to						
			Yes	No		
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had				,,		
<ul><li>any financial interest?</li><li>During this reporting period, was there any theft, embezzlement, diversion or m</li></ul>	nisuse of the	e organization's charitable property		Х		
or funds?				Х		
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenues	s?		Х		
4. During this reporting period, were any organization funds used to pay any penawith the Internal Revenue Service, attach a copy.	alty, fine or j	udgment? If you filed a Form 4720		Х		
5. During this reporting period, were the services of a commercial fundraiser or full f "yes," provide an attachment listing the name, address, and telephone numbers.	•			Х		
6. During this reporting period, did the organization receive any governmental funname of the agency, mailing address, contact person, and telephone number.	•	provide an attachment listing the SEE STATEMENT 8	х			
7. During this reporting period, did the organization hold a raffle for charitable pur the number of raffles and the date(s) they occurred.	rposes? If "y	es," provide an attachment indicating		х		
8. Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commercial contract of the commer				х		
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	ance with ge	nerally accepted accounting	Х			
Organization's area code and telephone number 310-271-8845						
Organization's e-mail address						
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.						
ABBE LAND		XECUTIVE IRECTOR/CEO				
Signature of authorized officer Printed Name	Title	e Date				

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING PART B, LINE 6

STATEMENT

8

JUDY THAO CLINICAL ASSURANCE AND ADMINISTRATIVE SUPPORT CONTRACT & FACILITY OPERATIONS SUPPORT CENTER 1501 CAPITOL AVE, MS 4506 P.O. BOX 947419 (916) 440-7481

### EXTENDED TO JUNE 15, 2016

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning AUG 1, 2014 and ending JUL 31, 2015

Open to Public Inspection

A	For the	e 2014 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ending i	<u>Մ</u> Ա 31, 2015				
	Check if applicab			D Employer identifi	cation number			
Г	Addre	TREVOR PROJECT INC.						
Ē	Name chang	Doing business as			681287			
	return Final return	8704 CANTA MONTCA BOILEVADO	Room/suite 200		271-8845			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,297,169.			
	Amen	WEST HOLLIWOOD, CA 90009		H(a) Is this a group re				
	Application pendi			for subordinates				
_	•	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	┥,	list. (see instructions)			
		te: WWW.THETREVORPROJECT.ORG	1	H(c) Group exemptio				
		forganization: X Corporation Trust Association Other Summary	L Year	of formation: 1996	M State of legal domicile: CA			
	T 4	Briefly describe the organization's mission or most significant activities: THE	ጥጽ ድህር፤	PROJECT TS	DETERMINED			
Activities & Governance	'	TO END SUICIDE AMONG LGBTQ YOUTH.	IKLIVOI	TROOLET ID	DETERMINED			
rna	2	Check this box  if the organization discontinued its operations or disposition	sed of mor	e than 25% of its net as	ssets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23			
ھ ت	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	23			
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			88			
Ĭ	6	Total number of volunteers (estimate if necessary)			925			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
		Ocatally there are described (Doub VIIII through)		Prior Year 4,622,447.	Current Year 5, 258, 588.			
ne	8	Contributions and grants (Part VIII, line 1h)		4,022,447.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		727.	392.			
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,775.	47,563.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,624,949.	5,306,543.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,511,990.	3,321,733.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   539,5	43.					
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,927,087.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,439,077.				
	19	Revenue less expenses. Subtract line 18 from line 12		-814,128.	238,993.			
Net Assets or	3		В	eginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		2,605,267.	2,760,684.			
et A	21	Total liabilities (Part X, line 26)		343,390.	259,814.			
	≘∣22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		2,261,877.	2,500,870.			
		alties of perjury, I declare that I have examined this return, including accompanying schedule	ac and etaton	nante and to the heet of m	v knowledge and helief it is			
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and belief, it is			
	3, 00110	And completel becautation of property (canon than emesty to based on an information of the	mon propuro	I had any kind mage.				
Siç	n	Signature of officer		Date				
He		ABBE LAND, EXECUTIVE DIRECTOR/CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	id	NAZANIN BENYAMINI NAZANIN BENYAMI	NI (	04/05/16 if self-employ	ed P00666808			
	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617			
Us	Use Only Firm's address 10960 WILSHIRE BLVD. STE 700							
		LOS ANGELES, CA 90024-3783		Phone no. (3				
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 4,098,311 · including grants of \$ ) (Revenue \$ 47,563 · )
	THE TREVOR PROJECT OFFERS INNOVATIVE SUICIDE PREVENTION SERVICES THAT
	ARE ACCREDITED BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY. THESE
	PROGRAMS INCLUDE THE 24/7 FREE AND CONFIDENTIAL TREVOR LIFELINE
	(1-866-488-7386), INSTANT MESSAGING SERVICES THROUGH TREVORCHAT, AND
	TEXT MESSAGING SERVICES THROUGH TREVORTEXT. THE ORGANIZATION ALSO
	OPERATES TREVORSPACE (WWW.TREVORSPACE.ORG), THE LARGEST ONLINE SOCIAL NETWORK SPECIFICALLY FOR GAY, BISEXUAL, TRANSGENDER AND QUESTIONING
	(LGBTQ) YOUNG PEOPLE. OTHER PROGRAMS INCLUDE TREVOR'S ONLINE RESOURCE
	CENTER, A SUITE OF SUICIDE PREVENTION EDUCATION PROGRAMS (LIFEGUARD,
	TREVOR CARE, AND TREVOR ALLY), AND ADVOCACY EFFORTS SUPPORTING POLICY
	CHANGE AT THE FEDERAL AND STATE LEVEL TO ENHANCE THE MENTAL HEALTH AND
	WELL-BEING OF LGBTQ YOUNG PEOPLE THROUGH TARGETED INTERVENTIONS THAT
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
A -1	Other pregram continue (Deceribe in Schodule O.)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 4,098,311.
	Form <b>990</b> (2014)
43200: 11-07-	CEE COLEDITE O EOD COMMINIAMION/C

### Form 990 (2014) TREVOR PROJECT INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

### Form 990 (2014) TREVOR PROJECT INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 \$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	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 entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,.	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

## Form 990 (2014) TREVOR PROJECT INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V				Ш				
				Yes	No				
1a		,							
b		שו	4						
С				v					
_		I	1c	Х					
2a		90	,						
	·		-	X					
р			20	Λ					
0-			0-		Х				
3a									
			30						
48			10		Х				
h		accounty?	4a		21				
D	· · · · · · · · · · · · · · · · · · ·	occupte (EBAB)							
5a			50		Х				
b					X				
6a			30						
ou			6a		х				
b									
-		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	• , , ,	vices provided to the payor?	7a	Х					
b	f "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	umber reported in Sox 3 of Form 1096. Enter -0. if not applicable unber of Forms W-26 included in line 1a. Enter -0. if not applicable 10 on a part of the forms with backup withholding rules for reportable payments to vendors and reportable gaming winnings to prize winners? 15 on the properties of							
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X				
f			7f		Х				
g			7g						
h			7h						
8		by the	_						
_			8						
9									
a									
40			90						
10	```	102							
a b									
11	•	100	-						
а	1 11 1 -	11a							
b			1						
~		11b							
12a			12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	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	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b						
			Form	990	(2014)				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	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.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23							
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?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
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	X	<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37					
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х				
	taxable entity during the year?	16a						
b	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	4Ch						
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ►CA, NY, AL, AK, AR, CO, CT, FL, GA	.HT	. TT,	KS				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			,				
.5	for public inspection. Indicate how you made these available. Check all that apply.	vanab						
	X Own website Another's website X Upon request X Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.		-141					
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
-	JEREMY ANCALADE - 310-271-8845							
	8704 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069							
432006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PEGGY RAJSKI	10.00	x						0.	0.	0.
CO-FOUNDER	2.00	Δ						0.	0.	0.
(2) MEREDITH KADLEC CHAIR EMERITUS	2.00	X						0.	0.	0.
(3) BRIAN DORSEY	10.00	^						0.	0.	0.
CO-VICE CHAIR	10.00	x		Х				0.	0.	0.
(4) MICHAEL NORTON	10.00			22				0.	0.	0.
CHAIR	10.00	х		х				0.	0.	0.
(5) CHRISTIAN DOWELL (UNTIL 4/15)	10.00							•	•	
SECRETARY		х		х				0.	0.	0.
(6) CHRIS ALLIERI	2.00							-		
DIRECTOR		Х						0.	0.	0.
(7) PHIL ARMSTRONG	10.00									
TREASURER		Х		Х				0.	0.	0.
(8) BEN BOYD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KEN CAMPBELL (UNTIL 7/31/15)	2.00									
DIRECTOR		Х						0.	0.	0.
(10) LINDSAY CHAMBERS (FROM 1/15)	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LARA EMBRY	10.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(12) JEFFREY FISHBERGER, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JOEL FLATOW (UNTIL 7/31/15)	2.00	ļ							•	
MEMBER AT LARGE	0.00	Х						0.	0.	0.
(14) ZACK HICKS	2.00	,,							0	
DIRECTOR	2 00	Х						0.	0.	0.
(15) BRIAN IRVING	2.00	Ţ.						0.	^	_
DIRECTOR	2.00	Х						0.	0.	0.
(16) SCOTT MCPHAIL (UNTIL 7/31/15)	4.00	X						0.	0.	0.
OIRECTOR (17) TYLER OAKLEY (FROM 4/15)	2.00	^				-		0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
432007 11-07-14	1	21	l .		<u> </u>		L	<u> </u>	<u></u>	Form <b>990</b> (2014)

432007 11-07-14 Form **990** (2014)

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d H	igne	st C	ompensated Employe	es (continuea)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	)	Es	stimate	∌d
	hours per					is bot or/trus		compensation	compensation	ar	nount	of	
	week (list any	<del></del>			1	1	1	from	from related			other	
	hours for	irecto						the organization	organizatior (W-2/1099-MI		l	pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1811	30)	I	anizat	
	organizations	ruste	ll trus		ee	mpeu		(** 27 1000 141100)			ı ~	d relat	
	below	dualt	utiona	_	nplo)	st co	er ,				l	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) AMIT PALEY (FROM 4/15)	2.00												
DIRECTOR		Х						0.		0.			0.
(19) RUBEN RAMIREZ	2.00												
DIRECTOR		Х						0.		0.			0.
(20) ADAM SHANKMAN	2.00												
DIRECTOR		Х						0.		0.			0.
(21) STACY SMITHERS	2.00												
DIRECTOR		Х						0.		0.			0.
(22) DR. LINDA SPOONER (FROM 4/15)	2.00												
DIRECTOR		Х						0.		0.			0.
(23) BRIAN WINTERFELDT	10.00												
SECRETARY		Х		Х				0.		0.			0.
(24) JEFFREY PAUL WOLFF	2.00												
DIRECTOR		Х						0.		0.			0.
(25) ABBE LAND	40.00												
EXECUTIVE DIRECTOR/CEO				Х				199,651.		0.	1	4,4	83.
(26) STEVE MENDELSOHN	40.00									_	_		
DEPUTY DIRECTOR						Х		121,362.		0.		3,8	
1b Sub-total								321,013.		0.		8,3	
c Total from continuation sheets to Part V	II, Section A						ightharpoons	108,180.		0.		2,7	
d Total (add lines 1b and 1c)							<u> </u>	429,193.		0.	4	1,1	35.
2 Total number of individuals (including but i	not limited to th	nose	liste	ed al	bov	e) w	ho re	eceived more than \$100	,000 of reportab	ole			_
compensation from the organization													3
												Yes	No
3 Did the organization list any <b>former</b> officer				•	•	•		•			_		37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s	-		-					•	the organization			Х	
and related organizations greater than \$15											4	Λ	
5 Did any person listed on line 1a receive or	=				-		relat	ed organization or indiv	idual for services	3	_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scriedui	e J ī	or s	ucn	pers	son					5		Λ
	ampanaetad in	done	nn d c	nt o	ont	root	0 × 0 +	bat received more than	\$100,000 of oor	2000	otion	from	
1 Complete this table for your five highest or the organization. Report compensation for	-	-								npens	alion	IIOIII	
(A)	trie Caleridar y	tai i	enui	ng v	VILII	OI W	1	(B)	year.		((	٠,	
Name and business	address	NO	INC	2				رق) Description of s	ervices	C		nsatio	n
				_				<u> </u>					
2 Total number of independent contractors (	including but r	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >				(	0							

SEE PART VII, SECTION A CONTINUATION SHEETS

	ROJECT .								95-468	128 <i>1</i>
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			<b>))</b> Pos	C) ition	1		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee 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
27) RON SILVERMAN (UNTIL 7/2015) TICE PRESIDENT OF DEVELOPM	40.00	-				х		108,180.	0.	12,756
THE TREE PROPERTY.						21		100,100.	0.	12,750
		-								
		_								
		-								
		_								
								100 100		
otal to Part VII, Section A, line 1c								108,180.		12,75

A   Income from investment of tax-exempt bond proceeds   Soyalties   (i) Real   (ii) Personal	Pa	rt VII			or note to any lir	ne in this Part VIII			
Business Code   Business Cod			GROOK III GORIGANIC G GORIGA	по и гозропос	or note to any m	(A)	(B) Related or exempt function	<b>(C)</b> Unrelated business	from tax under
Business Code   Business Cod	Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1	1b 1c 1, 1d ons) 1e 1s, and 2 1f 4, a-1f: \$	29,125. 151,138. 16,300.	5,258,588.			
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  4 Net gain or (loss)  5 a Gross income from fundraising events (not including \$1,078,325. or contributions reported on line 1c). See Part IV, line 18  a Less: direct expenses  b Less: direct expenses  c Net income or (loss) from fundraising events  0 A Gross sincome from gaming activities  10 a Gross sales of inventory, loss returns and allowances  a Less: cost of goods sold  b Les: cost of goods sold  c Net income or (loss) from sales of inventory  Miscollaneous Revenue  11 a OTHER INCOME  900099  47,563.  47,563.  47,563.  5,306,543.  47,563.  5,306,543.  5,306,5									
Total, Add lines 2a-27  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  4 Net gain or (loss)  5 a Gross income from fundraising events (not including \$1,078,325. or contributions reported on line 1c). See Part IV, line 18  a Less: direct expenses  b Less: direct expenses  c Net income or (loss) from fundraising events  0 A Gross sincome from gaming activities  10 a Gross sales of inventory, loss returns and allowances  a Less: cost of goods sold  b Les: cost of goods sold  c Net income or (loss) from sales of inventory  Miscollaneous Revenue  11 a OTHER INCOME  900099  47,563.  47,563.  47,563.  5,306,543.  47,563.  5,306,543.  5,306,5	Program Service Revenue	b c d e							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of inventory b Less: cost or other basis and sales expenses c Gain or (loss) 3 a Gross income from fundraising events (not including \$ 1,078,325. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a OTHER INCOME 900099 47,563. 47,563. 5,306,543. 47,563. 0. 392.  392. 392. 392. 392. 392.	_								
(i) Real   (ii) Personal   (ii) Personal   (iii) Person		3	Investment income (including of other similar amounts)	lividends, intere	est, and  proceeds	392.			392.
6 a Gross rents b Less: crital expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$  1, 0  78, 3  25  \text{of}  of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  9 00099 47,563. 47,563. 0 392.		5	Royalties						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ 1,078,325 \cdot of contributions reported on line 1c). See Part IV, line 18 a 990,626 \cdot b Less: direct expenses b See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: core of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: core of goods sold b C Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: core of goods sold b C Net income or (loss) from sales of inventory less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a OTHER INCOME 900099 47,563. 47,563. b C C C C C C C C C C C C C C C C C C		b c	Less: rental expenses Rental income or (loss)						
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1,078,325 • of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME 900099 47,563 47,563 5 5,306,543 47,563 0 0 392.			Gross amount from sales of						
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME 900099 47,563. 47,563.  47,563.  12 Total revenue. See instructions.  5,306,543. 47,563.		c d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$ 1,078,32	events (not 25.	<b>&gt;</b>				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME 900099 47,563. 47,563.  47,563.  12 Total revenue. See instructions.  5,306,543. 47,563.	Other Re		Part IV, line 18 Less: direct expenses	a	990,626.	0.			
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a OTHER INCOME  900099 47,563. 47,563.  47,563.  47,563.  12 Total revenue. See instructions.  5,306,543.  47,563.  5,306,543.		9 a	Gross income from gaming act Part IV, line 19	ivities. See a		<u> </u>			
b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code  11 a OTHER INCOME 900099 47,563. 47,563.  b c d All other revenue e Total. Add lines 11a-11d ▶ 47,563.  12 Total revenue. See instructions. ▶ 5,306,543. 47,563. 0. 392.		С	Net income or (loss) from gamin Gross sales of inventory, less re	ng activities eturns	<b>&gt;</b>				
11 a OTHER INCOME 900099 47,563. 47,563.  b c			Less: cost of goods sold  Net income or (loss) from sales	of inventory					
b		44 -					47 563		
c       d All other revenue         e       Total. Add lines 11a-11d       ► 47,563.         12       Total revenue. See instructions.       ► 5,306,543.       47,563.			OTHER INCOME		900033	47,303.	41,303.		
e Total. Add lines 11a-11d									
12 Total revenue. See instructions. > 5,306,543. 47,563. 0. 392.						.= = = =			
432009								^	200
		9	Iotal revenue. See instructions.	<u></u>	<u></u>	p,300,543.	4/,503.	0.	592 • Form <b>990</b> (2014)

### 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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 524	4.54.44.5	24 522	0.4 = 0.0
	trustees, and key employees	230,594.	161,416.	34,589.	34,589
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,374,166.	1,946,514.	175,017.	252,635
8	Pension plan accruals and contributions (include	<b>5</b> 4 <b>6</b> 6	0 - 000		
	section 401(k) and 403(b) employer contributions)	51,327.	35,929.	7,699.	7,699 45,130
9	Other employee benefits	435,314.	360,178.	30,006.	45,130
10	Payroll taxes	230,332.	186,569.	18,427.	25,336
11	Fees for services (non-employees):				
а	Management				
b	Legal	24,270.	19,659.	2,184.	2,427 2,839
С	Accounting [	28,387.	22,993.	2,555.	2,839
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	297,009.	240,577.	26,731.	29,701
12	Advertising and promotion	1,055.	854.	95.	106
13	Office expenses	29,044.	23,526.	2,614.	2,904
14	Information technology				
15	Royalties				
16	Occupancy	430,887.	349,809.	38,349.	42,729
17	Travel	194,021.	157,157.	17,462.	19,402
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,099.	7,370.		1,729
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,776.	57,329.	6,370.	7,077
23	Insurance				•
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 0.)				
а	EQUIPMENT	213,240.	172,725.	19,191.	21,324
b	PROCESSING FEES & OTHER	130,707.	105,873.	11,763.	13,071
c	VISIBILITY	96,857.	78,454.	8,717.	9,686
d	TELEPHONE	89,145.	72,207.	8,023.	8,915
-	All other expenses	131,320.	99,172.	19,904.	12,244
25	Total functional expenses. Add lines 1 through 24e	5,067,550.	4,098,311.	429,696.	539,543
26	Joint costs. Complete this line only if the organization	.,,	, ,	== ,	1117010
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY SUF 98-2 (ASC 938-720)				Eorm <b>990</b> (2014)

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			0 105 604	1	0 100 806
	2	Savings and temporary cash investments			2,105,604.	2	2,129,726
	3	Pledges and grants receivable, net			215,739.	3	450,056
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(d	e)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).				6	
2000	7	Notes and loans receivable, net				7	
ξ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			64,954.	9	55,321
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	549,735.			
	b	Less: accumulated depreciation		433,378.	189,470.	10c	116,357
	11	Investments - publicly traded securities	-		•	11	•
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	 15	Other assets. See Part IV, line 11	29,500.	15	9,224		
	16	Total assets. Add lines 1 through 15 (must equ		II.	2,605,267.	16	2,760,684
_	17	Accounts payable and accrued expenses			304,403.	17	219,387
	18	Grants payable	•	18			
	19	Deferred revenue		33,565.	19	40,427	
	20	Tax-exempt bond liabilities				20	<u> </u>
	 21	Escrow or custodial account liability. Complete				21	
	 22	Loans and other payables to current and former					
'		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
۱,	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
'		parties, and other liabilities not included on lines					
		Schedule D	-	· · · · · · · · · · · · · · · · · · ·	5,422.	25	(
	26	Total liabilities. Add lines 17 through 25		<b>_</b>	343,390.	26	259,814
Ť		Organizations that follow SFAS 117 (ASC 958					
,		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			2,079,458.	27	2,406,803
	28	Temporarily restricted net assets			182,419.	28	94,067
	29				•	29	
		Organizations that do not follow SFAS 117 (A					
:		and complete lines 30 through 34.		,, s			
<u> </u>	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed		l -		31	
: '	32	Retained earnings, endowment, accumulated in		_		32	
;   4		- notambo caminos, chadwincht, accumulated in			<u>52</u>		
<b>,</b>	33	Total net assets or fund balances		<b>-</b>	2,261,877.	33	2,500,870

Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 5	5,30	6,5	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2 5	,06	7,5	<del>50.</del>
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	2,26	1,8	77.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 2	2,50	0,8	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Open to Public Inspection

Name of the organization

TREVOR PROJECT INC.

Employer identification number 95-4681287

Pa	rt I	Reason for Public	Charity Status		omploto th	ic part \ Sc	oo inetructions	<u> </u>
	organ	ization is not a private found	•		•	•		
1 2	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
3	H		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)					
4	H	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .  A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name,						
7		city, and state:						the hospital's hame,
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						
J		section 170(b)(1)(A)(iv). (Complete Part II.)						
6								
	X	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
•		section 170(b)(1)(A)(vi). (Complete Part II.)						
8		A community trust describe	•	(1)(A)(vi). (Complete Par	† II.)			
9		An organization that norma				contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	• • • • • • • • • • • • • • • • • • • •	•	•		• •	
		income and unrelated busin		•				-
		See section 509(a)(2). (Cor		,		•	, 3	,
10		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).	
11		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> 0	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus						
С							• •	ed with,
		its supported organizatio		•				
d							• • • • •	
		that is not functionally int	-		•		•	iveness
_		requirement (see instruct	•	- ·				
е		☐ Check this box if the orga					a rype i, rype ii, rype iii	
	Ente	functionally integrated, or er the number of supported of	* *					
'		vide the following information	•	ad organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(ccc mendenens)				
Гotа	ı							

Form 990 or 990-EZ. 432021 09-17-14

### 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.)

	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(6) T + 1	
			(-/	(a) 2010	(6) 2017	(f) Total	
<ol> <li>Gifts, grants, contributions, and</li> </ol>							
membership fees received. (Do not							
include any "unusual grants.")	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
2 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
4 Total. Add lines 1 through 3	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly							
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
column (f)						414,213.	
6 Public support. Subtract line 5 from line 4.						21,014,292.	
Section B. Total Support		•	•				
Calendar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7 Amounts from line 4	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.	
8 Gross income from interest,						_	
dividends, payments received on							
securities loans, rents, royalties							
and income from similar sources	1,483.		181.	727.	392.	2,783.	
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)			11,410.	24,076.	47,563.	83,049.	
11 Total support. Add lines 7 through 10						21,514,337.	
12 Gross receipts from related activities, etc.	(see instructio	ns)	•		12		
13 First five years. If the Form 990 is for the					n 501(c)(3)		
organization, check this box and stop here						<b>&gt;</b> □	
Section C. Computation of Public S	upport Per	centage					
14 Public support percentage for 2014 (line 6	, column (f) div	vided by line 11, co	olumn (f))		14	97.68 %	
15 Public support percentage from 2013 Sch	edule A, Part I	I, line 14			15	97.78 %	
16a 33 1/3% support test - 2014. If the organ	ization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	nore, check this bo		
stop here. The organization qualifies as a	oublicly suppo	orted organization				<b>▶</b> X	
b 33 1/3% support test - 2013. If the organ	ization did not	check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box	
and stop here. The organization qualifies a	as a publicly s	upported organizat	tion			▶□	
17a 10% -facts-and-circumstances test - 20	<b>14.</b> If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
and if the organization meets the "facts-an	d-circumstand	es" test, check thi	s box and <b>stop he</b>	ere. Explain in Par	t VI how the organ	ization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 20	13. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did	not check a b	oox on line 13, 16a,	, 16b, 17a, or 17b,	check this box a	nd see instruction	s ▶□	

### 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 under the tests listed below, please complete Part II.)

Section A. Public Support	elow, please com	plete Part II.)						
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1 Gifts, grants, contributions, and	(a) 2010	(0) 2011	(6) 2012	(u) 2013	(e) 2014	(i) iotai		
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, or facilities furnished in								
any activity that is related to the								
organization's tax-exempt purpose								
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-								
inaccumder coetion F10								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that								
exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6.)								
Section B. Total Support	<del></del>	Τ	1			<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources								
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business								
activities not included in line 10b, whether or not the business is								
regularly carried on								
12 Other income. Do not include gain								
or loss from the sale of capital assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,		
check this box and <b>stop here</b>								
Section C. Computation of Publ						·		
15 Public support percentage for 2014 (	line 8, column (f) c	divided by line 13,	column (f))		15	%		
16 Public support percentage from 2013					16	%		
Section D. Computation of Inve	stment Incom	ne Percentage						
17 Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%		
8 Investment income percentage from 2013 Schedule A, Part III, line 17								
19a 33 1/3% support tests - 2014. If the								
more than 33 1/3%, check this box a								
<b>b 33 1/3% support tests - 2013.</b> If the								
	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
20 Private foundation. If the organization								

432023 09-17-14

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
ο-		
9a		
9b		
อม		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			ige <b>c</b>
	Continued)		Yes	No
44	Healtha arganization accounted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Type it oupporting Organizations		Yes	No
4	Ware a majority of the examination's directors or trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain  now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
<b>h</b>		Za		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014

15550405 701224 7955

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	. age c			
1							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)			
_1_	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6							
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	anization (see			
	instructions)	. 0	, J	•			

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
	Excess from 2013			
	Excess from 2014			
	2,0000			

Schedule A	(Form 990 or 990-EZ) 2014 TREVOR	PROJECT	INC.	95-4681287 Page 8
Part VI	Supplemental Information. Pro	vide the explanat	tions required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
	Also complete this part for any addition	al information. (So	ee instructions).	

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

TREVOR PROJECT INC. 95-4681287

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
	· ·	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

TREVOR PROJECT INC. 95-4681287

Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WELLS FARGO FOUNDATION  333 S GRAND AVE STE 2000  LOS ANGELES, CA 90071-1524	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE CHRYSLER FOUNDATION  1000 CHRYSLER DRIVE  ARBOR HILLS, MI 48326	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

## TREVOR PROJECT INC.

95-4681287

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Name of organization Employer identification number 95-4681287 TREVOR PROJECT INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- ux, (c	oc ocp	, then				
		01(c)(4), (5), or (6) organizat	tions: Complete Part III.		l e	
Name	of orgar		DDO TEGE TNG			mployer identification number $95-4681287$
Part	Ι_Λ		PROJECT INC. panization is exempt under	or coation 501(a)	or is a soction 52	
<b>1</b> P	rovide a	description of the organiz	ration's direct and indirect politica	al campaign activities in	n Part IV.	
3 V	oluntee	nours				
Part	I-B	Complete if the org	janization is exempt unde	er section 501(c)(	3).	
			incurred by the organization unde			<b>&gt;</b> \$
<b>2</b> E	nter the	amount of any excise tax	incurred by organization manage	rs under section 4955	<u> </u>	<b>&gt;</b> \$
<b>3</b> If	the ora	anization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this vear?		Yes No
			······································			
		describe in Part IV.				
Part	I-C	Complete if the org	janization is exempt unde	er section 501(c),	except section 5	01(c)(3).
1 E	nter the	amount directly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	<b>▶</b> \$
			ization's funds contributed to oth			
		0 0		· ·		<b>▶</b> \$
			. Add lines 1 and 2. Enter here ar			*
		'		,		<b>▶</b> \$
			1120-POL for this year?			
			nployer identification number (EIN			
			tion listed, enter the amount paid		~	
		•	omptly and directly delivered to a			•
			additional space is needed, provi			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
		(a) Namo	(5) / (331000	(0) 2	filing organization	
					funds. If none, enter	-0 promptly and directly
						delivered to a separate political organization.
						If none, enter -0
						,
				1		

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041

Schedule C (Form 990 or 990-EZ) 2014

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

9,059.

309,501.

9,059.

# Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-468128 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?			
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), se		(5), or se	ction
501(c)(6).	ζ-,	. ,,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), se			ction
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer			
answered "Yes."	,	. ()	,,
4110110104 1001			
		1	
Dues, assessments and similar amounts from members		1	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p</li> </ul>		1	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> </ol>	olitical		
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ol>	olitical	2a	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> </ol>	olitical	2a 2b	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ol>	olitical	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> </ul>	olitical	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the</li> </ul>	olitical  S e excess	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a</li> </ul>	s e excess nd political	2a 2b 2c 3	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> </ul>	s e excess nd political	2a 2b 2c 3	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ol>	s e excess nd political	2a 2b 2c 3	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> </ul>	e excess nd political	2a 2b 2c 3 3 4 5	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV</li> <li>Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated general political expenditures)</li> </ul>	e excess nd political	2a 2b 2c 3 3 4 5	and 2 (see
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> </ul>	e excess nd political	2a 2b 2c 3 3 4 5	and 2 (see
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	e excess nd political	2a 2b 2c 3 4 5	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> </ul>	e excess nd political	2a 2b 2c 3 4 5	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	e excess nd political	2a 2b 2c 3 4 5	· 
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> </ul>	e excess nd political  roup list); Part II	2a 2b 2c 3 4 5 - A, lines 1 a	OLICY TO
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON</li> </ul>	e excess nd political  roup list); Part II	2a 2b 2c 3 4 5 - A, lines 1 a	OLICY TO
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON</li> <li>ENHANCE THE MENTAL HEALTH AND WELL BEING OF LGBTQ Y</li> </ul>	e excess nd political  roup list); Part II	2a 2b 2c 3 3 4 5 5 PORT POPLE TOPLE TO	OLICY TO
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON</li> </ul>	e excess nd political  roup list); Part II	2a 2b 2c 3 3 4 5 5 PORT POPLE TOPLE TO	OLICY TO
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>PART II-A, LINE 1, LOBBYING ACTIVITIES:</li> <li>THE TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON</li> <li>ENHANCE THE MENTAL HEALTH AND WELL BEING OF LGBTQ Y</li> </ul>	olitical  s e excess nd political  roup list); Part II  DC SUPI  OUNG PEC	2a 2b 2c 3 4 5 5 PORT POPLE TOPLE TH	OLICY TO HROUGH E TREVOR
1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g instructions); and Part II-B, line 1. Also, complete this part for any additional information.  PART II-A, LINE 1, LOBBYING ACTIVITIES:  THE TREVOR PROJECT'S LOBBYING EFFORTS IN WASHINGTON  ENHANCE THE MENTAL HEALTH AND WELL BEING OF LGBTQ Y  TARGETED INTERVENTIONS THAT ADDRESS RISK FACTORS FO	olitical  s e excess nd political  roup list); Part II  DC SUPI  OUNG PEC	2a 2b 2c 3 4 5 5 PORT POPLE TOPLE TH	OLICY TO HROUGH E TREVOR
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10-21-14

Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC.  Part IV Supplemental Information (continued)	95-4681287 Page 4
Part IV Supplemental Information (continued)	
PREVENT CONVERSION THERAPY.	

432044 10-21-14 Schedule C (Form 990 or 990-EZ) 2014

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	incompany to the language of the control of the con		V N-
Par			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		y important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	rganization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments		, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• \$

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

Schedule D (Form 990) 2014

Pai	rt III	Organizations Maintaining C	ollections of Ar	t, Histor	ical Tr	easures, c	r Other	Simila	r Asse	<b>ts</b> (continue	ed)
3	Using	the organization's acquisition, accession	on, and other records	s, check ar	ny of the	following tha	t are a sig	nificant u	se of its	collection i	tems
	(chec	k all that apply):									
а		Public exhibition	d	Loa	an or exc	hange progra	ms				
b		Scholarly research	е	Oth	ner						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	llections and explain	how they	further t	he organizatio	on's exem	pt purpos	se in Par	XIII.	
5	During	g the year, did the organization solicit or	receive donations o	f art, histo	rical trea	sures, or othe	er similar a	essets		_	
_		sold to raise funds rather than to be ma							L	Yes	No_
Pai	rt IV	Escrow and Custodial Arrang		te if the or	ganizatio	n answered "	Yes" to Fo	orm 990,	Part IV, I	ine 9, or	
		reported an amount on Form 990, Par									
1a		organization an agent, trustee, custodia		-						1	
_		rm 990, Part X?								Yes	∟ No
b	If "Ye	s," explain the arrangement in Part XIII a	and complete the foll	owing tab	le:						
	<u>.</u>									Amount	
C	-	ning balance						1c			
d		ions during the year						1d			
e •		outions during the year						1e			
f		g balance ne organization include an amount on Fo								Yes	□ No
		s," explain the arrangement in Part XIII.					-	/?		J 163	
Pai		Endowment Funds. Complete if									
			(a) Current year	(b) Prior		(c) Two year			ars hack	(e) Four ye	ears back
1a	Begin	ning of year balance	(a) carrerre year	(2) 1 1101	you	(6) 1110 your		. <b>,</b>	aro baon	( <b>0)</b> . ca. y .	
b		ibutions									
С		vestment earnings, gains, and losses									
d		s or scholarships									
е		expenditures for facilities									
	and p	rograms									
f	Admir	nistrative expenses									
g		f year balance									
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a	a)) held as:					
а	Board	d designated or quasi-endowment 🕨 _		%							
b	Perma	anent endowment 🕨	%								
С		orarily restricted endowment	%								
	The p	ercentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3а	Are th	nere endowment funds not in the posses	ssion of the organiza	tion that a	re held a	nd administe	red for the	e organiza	ation	_	
	by:										es No
		nrelated organizations								3a(i)	
_	` '	-									
		s" to 3a(ii), are the related organizations								3b	
4 Dai	rt VI	ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		vment fun	as.						
Fai	LVI	•		Dort IV lin	11	Form 000	Dort V lin	no 10			
		Complete if the organization answered							.	(d) Deele	
		Description of property	(a) Cost or other basis (investment)			or other (other)	. ,	umulated eciation	'	(d) Book v	alue
10	Land		•	J.16)	54515	(521101)	асрі	COIGCIOIT			
ia b		ngs									
C		Phold improvements		89.				7,18	9.		0.
d		ment	. 200				3(	$\frac{7,25}{60,65}$		23	,224.
	Other		150 6					65,53			,133.
		lines 1a through 1e (Column (d) must ed			(R) line 1	10c)		,		116	357.

Schedule D (Form 990) 2014

Part VII Investments - Other Securit	ties.
--------------------------------------	-------

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a)	Description	Tid. See Form 990, Part X, III	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •	+		
(9)			
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial	statements that reports the

Schedule D (Form 990) 2014

art XI	<b>Reconciliation of Revenue</b>	per Audited Financial Statements	With Revenue per Return.

Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,640,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	334,147.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	334,147.
3	Subtract line 2e from line 1			3	5,306,543.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	5,306,543.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.			
1	<b>-</b>				
2	Total expenses and losses per audited financial statements			1	5,401,697.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	5,401,697.
а			334,147.	1	5,401,697.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	5,401,697.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b		1	5,401,697.
b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c		1	
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c 2d	334,147.	1 2e	334,147.
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d	334,147.		
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	334,147.	2e	334,147.
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	334,147.	2e	334,147.
b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	334,147.	2e	334,147.
b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	334,147.	2e	334,147.

### Part XIII Supplemental Information.

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

### PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC 740"), THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.

THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JULY 31, 2015, THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN Schedule D (Form 990) 2014

### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

► 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/form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TREVOR	PROJECT INC.				95-4661	407
Fundraising Activities required to complete this par	• Complete if the organization answet.	ered "Y	'es" to	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	tion of tion of fundra (includerofess	non-g gover sising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

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

Schedule G (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-4681287 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through LIVE NY 8 LIVE LA col. (c)) (event type) (event type) (total number) Revenue 2,068,951. 1,067,536 724,291. 277,124. 1 Gross receipts 528,790 449,191. 100,344. 1,078,325. 2 Less: Contributions 538,746 275,100. 176,780. 990,626. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 275,100.538,746. 176,780. 990,626. 9 Other direct expenses ..... 990,626. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_

Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Sch	nedule G (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-	4681	287	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	☐ No
12	to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:		res	□ NO
		120	I	04
	a The organization's facility			<u>%</u> %
	an outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	เงม		70
'-				
	Name ►Address ►			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
		—		
	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	<b>5</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9,	9b, 10	lb, 15b,
	Too, To, and The, as applicable. Also provide any additional information (see instructions).			

432083 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Schedule (	G (Form 990 or 990-EZ) TREVOR I	PROJECT	INC.	95-4681287 Page 4
Part IV	Supplemental Information (contin	ued)		

15550405 701224 7955

432084 05-01-14

2014.05091 TREVOR PROJECT INC.

7955\_\_\_1

Schedule G (Form 990 or 990-EZ)

## **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. 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

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number TREVOR PROJECT INC. 95-4681287

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	-	37	
	Receive a severance payment or change-of-control payment?	4a	Х	37
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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		Х
	Any related organization?	5b		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		X
b	Any related organization?	6b		X
	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 payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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, of Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	(C) Retirement and other deferred	(D) Nontaxable (E	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents
(1) ABBE LAND	(i)	199,651.	0.			
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)		'			
	(i)	, <u> </u>	<u> </u>	<u> </u>		1
	(ii)	,	<b></b> '	<b></b>	<u> </u> '	4
	(i)	,	<b></b> '	<b></b>	<u> </u> '	4
	(ii)	,	<del></del> '	<b></b>	<del> </del> '	1
	(i)	,	<del></del> '	<b></b>	<del> </del> '	1
	(ii)		<b>——</b> '	<del> </del>	<b></b> '	+
	(i)		<b></b> '	<del> </del>	<del> </del>	+
	(ii)		<b></b> '	<del> </del>	<del> </del>	+
	(i)		<b></b> '	<del> </del>	<del> </del>	+
	(ii)		<b></b> '	<del> </del>	<del> </del>	+
	(i)	,	<b></b>	<del>                                     </del>	<del> </del>	+
	(ii)	,	<del></del>	<del>                                     </del>	<del> </del>	+
	(i)	,	<b></b>	<del>                                     </del>	<del> </del>	+
	(ii)	,		<del>                                     </del>	<del> </del>	+
	(i)	,		<del>                                     </del>	<del> </del>	+
	(ii)	,		<del>                                     </del>	<del> </del>	+
	(i) (ii)	,		<del>                                     </del>	<del> </del>	+
	(i)	,		<del>                                     </del>	<del> </del>	<del>                                     </del>
	(ii) (ii)	<sub>1</sub>		<del>                                     </del>	+	<del>                                     </del>
	(i)	,			+	<del>                                     </del>
	(ii) (ii)	,			+	
-	(i)	,			+	
	(ii)	,——			<del>                                     </del>	
	(i)	,——			<del>                                     </del>	
	(ii)	,			<del>                                     </del>	
	(i)	, — — — — — — — — — — — — — — — — — — —			<del>                                     </del>	
	(ii)	,			<del>                                     </del>	

Schedule J (Form 990) 2014 TREVOR PROJECT INC.
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this pa
PART I, LINE 4A:
PER CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE
PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION. HOWEVER,
THIS INFORMATION WILL BE MADE AVAILABLE TO THE TAXING AUTHORITIES UPON
REQUEST.

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE TREVOR PROJECT IS TO END SUICIDE AMONG GAY, LESBIAN,
BISEXUAL, TRANSGENDER AND QUESTIONING YOUNG PEOPLE. THE ORGANIZATION
WORKS TO FULFILL THIS MISSION THROUGH FOUR STRATEGIES:
1. PROVIDE CRISIS COUNSELING TO LGBTQ YOUNG PEOPLE THINKING OF SUICIDE.
2. OFFER RESOURCES, SUPPORTIVE COUNSELING AND A SENSE OF COMMUNITY TO
LGBTQ YOUNG PEOPLE TO REDUCE THE RISK THAT THEY BECOME SUICIDAL.
3. EDUCATE YOUNG PEOPLE AND ADULTS WHO INTERACT WITH YOUNG PEOPLE ON
LGTBQ-COMPETENT SUICIDE PREVENTION, RISK DETECTION AND RESPONSE.
4. ADVOCATE FOR LAWS AND POLICIES THAT WILL REDUCE SUICIDE AMONG LGBTQ
YOUNG PEOPLE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDRESS RISK FACTORS FOR SUICIDE.
FORM 990, PART VI, SECTION B, LINE 11:
THE DRAFT 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT, THEN DISTRIBUTED VIA
E-MAIL TO THE BOARD OF DIRECTORS. THE BOARD VOTED TO APPROVE THE DRAFT IN
THEIR ANNUAL RETREAT. THE EXECUTIVE DIRECTOR/CEO SIGNED OFF ON THE APPROVED
990.

Name of the organization TREVOR PROJECT INC.

Employer identification number 95-4681287

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

THE EXECUTIVE DIRECTOR IS IN CHARGE OF MONITORING THE ANNUAL CONFLICT OF

INTEREST STATEMENTS AND ENFORCING THE CONFLICT OF INTEREST POLICY. BOARD

MEMBERS SIGN CONFLICT OF INTEREST STATEMENTS AT THEIR ANNUAL RETREAT.

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

THE TREVOR PROJECT ENGAGES THE SERVICES OF AN INDEPENDENT PARTY EVERY TWO
YEARS TO CONDUCT A COMPENSATION SURVEY OF NOT JUST THE EXECUTIVE

DIRECTOR/CEO AND KEY EMPLOYEES, BUT OF ALL TREVOR PROJECT STAFF. THIS STUDY
COMPARES THE COMPENSATION LEVELS AND BENEFITS OFFERED TO EMPLOYEES TO THE
CURRENT INDUSTRY TRENDS. COMPENSATION FOR ALL EMPLOYEES ARE BASED ON THE
RANGES IDENTIFIED AS A RESULT OF THIS STUDY AS WELL AS THE EMPLOYEE'S
EXPERIENCE. THE EXECUTIVE DIRECTOR/CEO APPROVES THE COMPENSATION OF KEY
EMPLOYEES; THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE
COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO. THE BOARD ALSO SETS THE INITIAL
SALARY OF THE VICE PRESIDENT OF OPERATIONS WHO ACTS AS THE CFO. THE
DELIBERATIONS AND DECISIONS ARE RECORDED CONTEMPORANEOUSLY AND KEPT BY THE
HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,NY,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW.GUIDESTAR.ORG OR UPON REQUEST.

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

432212

Schedule O (Form 990 or 990-EZ) (2014)

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2014

**Open to Public** Inspection

1.General Information	tion							
For Fiscal Year Beginnin	g (mm/dd/	(yyyy) 08/01/	2014	and Ending (	mm/dd/y	yyy) 07/31/	2015	
Check if Applicable:  Address Change	Name of	Organization: OR PROJECT	INC.		-			tification Number (EIN): 581287
								n Number: 31
Final Filing City / State / ZIP: Telephone: 310 203-0073								
Reg ID Pending	Website:	THETREVORP	ROJECT	r.ORG			Email:	
Check your organization registration category:		A only EPTL	only 2	K DUAL (7A &	EPTL)		Find your registration Charities Registry a	on category in the t www.CharitiesNYS.com
2. Certification								
See instructions for certi	fication red	quirements. Imprope	r certification	on is a violation	of law th	nat may be subjec	t to penalties.	
they a	re true, coi	of perjury that we revi rrect and complete in			of the S <b>A</b>	State of New York	applicable to this	report.
President or Authorized	Officer:	-			E.	XECUTIVE		
		Signature				Print Nam	e and Title	Date
Chief Financial Officer of	r Treasure	r: Signature				Print Nam	e and Title	Date
3. Annual Reportin	a Exem	ntion						
Check the exemption(s)			r organizati	on is claiming a	n evemn	ation under the ca	tegony (7A and FE	OTL only filers) or both
categories (DUAL filers)		, ,	•	· ·	•		• • •	• •
additional attachments								
schedules and attachm	•	•	II all exelli	plion of ale a b	OAL IIIei	triat ciairis orily t	one exemption, yo	ou must me applicable
Scriedules and attachin	ciilo ailu p	ay applicable lees.						
exceed \$2	25,000 <u>and</u>	i <u>on:</u> Total contributio d the organization dio g the fiscal year. Or th	d not engaç	ge a profession	al fund ra	aiser (PFR) or fund	raising counsel (	
	filing exen		s did not e	xceed \$25,000	and the	market value of as	ssets did not exce	eed \$25,000 at any time
4. Schedules and A	Attachm	ents						
See the following page								
for a checklist of	Yes	X No. 4a Did v	our organiz	ation use a pro	fessional	I fund raiser fund	raising counsel o	r commercial co-venturer
schedules and						complete Schedu		
attachments to		ioi iana i	aloning aour	nty iii iii otato	. 11 y 00, 1	complete coneda	10 -ta.	
	X Yes	No 4b. Did th	ne organiza	ition receive go	vernmen	t grants? If yes, c	omplete Schedule	e 4b.
5. Fee								
See the checklist on the	7A 1	filing fee:	EPTL filin	ng fee:	Total f	ee:		
next page to calculate yo		•		-			_	check or money order
fee(s). Indicate fee(s) you								ayable to:
	م ا	25	φ	250	ι φ	275	"Depar	tment of Law"

468451 12-29-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2014)

25.

\$

Page 1

250.

are submitting here:

275.

# CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules including Schedule B (Schedule of Collins IRS Form 990-T if applicable	ntributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publi Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$500,000 No Review Report or Audit Report is required because total revenue and support	00 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit <u>www.CharitiesNYS.com.</u>	ecordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	la mu arganization a 7A EDTL or DUAL filor?
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you marked the 7A exemption in Part 3a  \$25, if you did not mark the 7A exemption in Part 3a	<ul> <li>Is my organization a 7A, EPTL or DUAL filer?</li> <li>7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")</li> <li>EPTL filers are registered under the Estates, Powers &amp; Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.</li> <li>DUAL filers are registered under both 7A and EPTL.</li> </ul>
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you marked the EPTL exemption in Part 3b	Check your registration category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a>
\$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:  - IRS From 990 Part I, line 22  - IRS Form 990 EZ Part I, line 21  - IRS Form 990 PF, calculate the difference between  Total Assets at Fair Market Value (Part II, line 16(c)) and  Total Liabilities (Part II, line 23(b)).
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

# **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2014

**Open to Public** Inspection

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
TREVOR PROJECT INC.	40-47-81

## 2. Government Grants

Name of Government Agency	Amount of Grant
1.STATE OF CALIFORNIA - DEPT. OF HEALTH CARE SERVICES	1. 29,125.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 29,125.

7955\_\_\_1

# EXTENDED TO JUNE 15, 2016

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Tax year beginning AUG 1, 2014 and ending JUL 31, 2015

Open to Public Inspection

A	For th	e 2014 calendar year, or tax year beginning $$ AUG $1$ , $$ $2014$ $$ and	l ending	JŬL 31, 2015	
	Check if applicab			D Employer identifi	cation number
	Addre	TREVOR PROJECT INC.			
Ē	Name chang	Doing business as	•		681287
	return Final return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite 200		271-8845
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	6,297,169.
	Amen	WEST HOLLIWOOD, CA 90009		H(a) Is this a group re	
	Application pendi			for subordinates	
	•	SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1)	or 527	<b>⊣</b> ,	list. (see instructions)
		te: WWW.THETREVORPROJECT.ORG	1	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	<b>L</b> Year	r of formation: 1998	M State of legal domicile: CA
P		Summary  Briefly describe the organization's mission or most significant activities: THE	πο <del>Ε</del> ΩΩ	D DDO.TEOM TO	ПЕФЕРМІКЕЛ
Activities & Governance	1	TO END SUICIDE AMONG LGBTQ YOUTH.	IKEVOI	K FROOECT 15	DETERMINED
ern	2	Check this box  if the organization discontinued its operations or disposition of the continued its operations or disposition of the continued its operations.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			23
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			23
ies	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			88
ξi	6	Total number of volunteers (estimate if necessary)			925
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
		Contributions and greats /Dort VIII line 1h	-	Prior Year 4,622,447.	Current Year 5, 258, 588.
Revenue	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		0.	0.
Ver	10	Investment income (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		727.	392.
æ	11	Other revenue (Part VIII, column (A), lines 5, 4, and 70)		1,775.	47,563.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,624,949.	5,306,543.
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,511,990.	3,321,733.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   539,5	43.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,927,087.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,439,077.	
	19	Revenue less expenses. Subtract line 18 from line 12		-814,128.	238,993.
Net Assets or	3		В	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		2,605,267.	2,760,684.
et A	21	Total liabilities (Part X, line 26)		343,390.	259,814.
		Net assets or fund balances. Subtract line 21 from line 20		2,261,877.	2,500,870.
	art II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedul	oo and atatan	nanta and to the heat of m	v knowledge and balief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of w			y kilowieuge aliu bellet, it is
truc	5, 60116	ti, and complete. Declaration of preparer (other than officer) is based on all information of w	mich prepare	Thas any knowledge.	
Sig	ın	Signature of officer		Date	
He		ABBE LAND, EXECUTIVE DIRECTOR/CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	NAZANIN BENYAMINI NAZANIN BENYAMI	ni (	04/05/16 if self-employ	P00666808
Pre	parer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617
	e Only	Firm's address 10960 WILSHIRE BLVD. STE 700			
		LOS ANGELES, CA 90024-3783		Phone no. (3	10) 477-3924
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 4,098,311 · including grants of \$ ) (Revenue \$ 47,563 · )
	THE TREVOR PROJECT OFFERS INNOVATIVE SUICIDE PREVENTION SERVICES THAT
	ARE ACCREDITED BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY. THESE
	PROGRAMS INCLUDE THE 24/7 FREE AND CONFIDENTIAL TREVOR LIFELINE
	(1-866-488-7386), INSTANT MESSAGING SERVICES THROUGH TREVORCHAT, AND
	TEXT MESSAGING SERVICES THROUGH TREVORTEXT. THE ORGANIZATION ALSO OPERATES TREVORSPACE (WWW.TREVORSPACE.ORG), THE LARGEST ONLINE SOCIAL
	NETWORK SPECIFICALLY FOR GAY, BISEXUAL, TRANSGENDER AND QUESTIONING
	(LGBTQ) YOUNG PEOPLE. OTHER PROGRAMS INCLUDE TREVOR'S ONLINE RESOURCE
	CENTER, A SUITE OF SUICIDE PREVENTION EDUCATION PROGRAMS (LIFEGUARD,
	TREVOR CARE, AND TREVOR ALLY), AND ADVOCACY EFFORTS SUPPORTING POLICY
	CHANGE AT THE FEDERAL AND STATE LEVEL TO ENHANCE THE MENTAL HEALTH AND
	WELL-BEING OF LGBTQ YOUNG PEOPLE THROUGH TARGETED INTERVENTIONS THAT
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
<del>-t</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 4,098,311.
40000	Form <b>990</b> (2014)
43200: 11-07-	

# Form 990 (2014) TREVOR PROJECT INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	v	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
b	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

Form **990** (2014)

# Form 990 (2014) TREVOR PROJECT INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 \$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		\ <sub>V</sub>	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

# Form 990 (2014) TREVOR PROJECT INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V										
				Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 56									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v							
_	(gambling) winnings to prize winners?	I	1c	Х							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 88	,								
	filed for the calendar year ending with or within the year covered by this return		-	Х							
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ							
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х						
3a	-	<u> </u>	3a 3b		Α.						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30								
48			4a		х						
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accurate (EDAD)									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X						
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30								
ou	any contributions that were not tax deductible as charitable contributions?		6a		х						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut										
-	were not tax deductible?	_	6b								
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 ser	vices provided to the payor?	7a	Х							
b	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	as required									
	to file Form 8282?	······	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	_								
_			8								
9	Sponsoring organizations maintaining donor advised funds.										
a			9a 9b								
40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90								
10	Initiation fees and capital contributions included on Part VIII, line 12	10a									
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	150									
''	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · · · ·	1								
~	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>									
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.										
b	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	13b									
С	Enter the amount of reserves on hand	13c									
14a			14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b								
			Form	990	(2014)						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	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.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23									
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?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
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	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
_	taxable entity during the year?	16a		X						
b	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									
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►CA, NY, AL, AK, AR, CO, CT, FL, GA	нт	TT.	кс						
17	·			, 115						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie							
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request X Other (explain in Schedule O)									
10		l finan	cial							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııman	ual							
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:									
20	JEREMY ANCALADE - 310-271-8845									
	8704 SANTA MONICA BOULEVARD, WEST HOLLYWOOD, CA 90069									
432006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2014)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PEGGY RAJSKI	10.00	х						0.	0.	0.
CO-FOUNDER	2.00	Δ						0.	0.	0.
(2) MEREDITH KADLEC CHAIR EMERITUS	2.00	X						0.	0.	0.
(3) BRIAN DORSEY	10.00	^						0.	0.	0.
CO-VICE CHAIR	10.00	X		Х				0.	0.	0.
(4) MICHAEL NORTON	10.00			22				0.	0.	•
CHAIR	10.00	x		х				0.	0.	0.
(5) CHRISTIAN DOWELL (UNTIL 4/15)	10.00							•	•	
SECRETARY		х		х				0.	0.	0.
(6) CHRIS ALLIERI	2.00							-		
DIRECTOR		Х						0.	0.	0.
(7) PHIL ARMSTRONG	10.00									
TREASURER		Х		Х				0.	0.	0.
(8) BEN BOYD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KEN CAMPBELL (UNTIL 7/31/15)	2.00									
DIRECTOR		Х						0.	0.	0.
(10) LINDSAY CHAMBERS (FROM 1/15)	2.00									
DIRECTOR		Х						0.	0.	0.
(11) LARA EMBRY	10.00									
CO-VICE CHAIR		Х		Х				0.	0.	0.
(12) JEFFREY FISHBERGER, MD	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JOEL FLATOW (UNTIL 7/31/15)	2.00	l								
MEMBER AT LARGE		Х						0.	0.	0.
(14) ZACK HICKS	2.00	١								
DIRECTOR	0.00	Х						0.	0.	0.
(15) BRIAN IRVING	2.00	٠,,							^	_
DIRECTOR	2 00	Х				_		0.	0.	0.
(16) SCOTT MCPHAIL (UNTIL 7/31/15)	2.00	<b>.</b>						0.	0.	_
OIRECTOR (17) TYLER OAKLEY (FROM 4/15)	2.00	Х			_		-	0.	0.	0.
DIRECTOR	4.00	X						0.	0.	0.
432007 11-07-14	1	Λ			<u> </u>		<u> </u>	1 0.	<u> </u>	Form <b>990</b> (2014)

432007 11-07-14 Form **990** (2014)

Form 990 (2014) TREVOR PI									95-468	1287	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	(do box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related	ar	(F) stimated mount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	npensation rom the ganization od related anizations
(18) AMIT PALEY (FROM 4/15) DIRECTOR	2.00	х						0.	0		0.
(19) RUBEN RAMIREZ DIRECTOR	2.00	х						0.	0		0.
(20) ADAM SHANKMAN DIRECTOR	2.00	х						0.	0		0.
(21) STACY SMITHERS DIRECTOR	2.00	х						0.	0	•	0.
(22) DR. LINDA SPOONER (FROM 4/15) DIRECTOR	2.00	Х						0.	0	•	0.
(23) BRIAN WINTERFELDT SECRETARY	10.00	х		х				0.	0		0.
(24) JEFFREY PAUL WOLFF DIRECTOR	2.00	х						0.	0	•	0.
(25) ABBE LAND  EXECUTIVE DIRECTOR/CEO	40.00			х				199,651.	0	. 1	4,483.
(26) STEVE MENDELSOHN DEPUTY DIRECTOR	40.00					х		121,362.	0	. 1	3,896. 8,379.
1b Sub-total c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	321,013. 108,180. 429,193.	0	. 1	2,756. 1,135.
d Total (add lines 1b and 1c)							ho r	<u> </u>		<u>•  <del>4</del></u>	<u>:1,133.</u> 3
											Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization	4	Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· ·				-		rela	ted organization or indiv	idual for services	5	X
Section B. Independent Contractors  1 Complete this table for your five highest co										nsation	from
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.	- 11	C)
(A) Name and business	address	N	INC	3				( <b>B</b> ) Description of s	ervices		ensation
Total number of independent contractors (in	including but n	ot li	mite	d to	tho	se li	ste	d above) who received m	nore than		
\$100,000 of compensation from the organi	zation ► N A CON'	ΓII	NUZ	AT:		0 N :	SH	EETS		Form	<b>990</b> (2014)

	ROJECT .								95-468	128 <i>1</i>
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			<b>))</b> Pos	C) ition	1		( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee 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
27) RON SILVERMAN (UNTIL 7/2015) CICE PRESIDENT OF DEVELOPM	40.00	-				х		108,180.	0.	12,756
THE TREE PROPERTY.						21		100,100.	0.	12,750
		-								
		_								
		-								
		_								
		_								
								100 100		
otal to Part VII, Section A, line 1c								108,180.		12,75

ıa	1 L V II			or note to any li	ao in this Part VIII			
		Check if Schedule O cont	tains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1, 1d 1tions) 1e 1ts, and 1ve 1f 4,	078,325. 29,125. 151,138. 16,300.	5,258,588.			
<u> </u>	n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2 a b c d e f							
	g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	392.			392.
			(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		<b>•</b>				
Other Revenue		Gross income from fundraisin including \$1,078,3 contributions reported on line	g events (not 825 of e 1c). See					
Other	С	Part IV, line 18 Less: direct expenses	<b>b</b> draising events	990,626. 990,626. ►	0.			
	b	Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	returns a					
		Miscellaneous Revenu		Business Code				
	b	OTHER INCOME		900099	47,563.	47,563.		
	c d							
		Total. Add lines 11a-11d			47,563.			
	12	Total revenue. See instructions.			5,306,543.		0.	392.

### 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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 524	4.54.44.5	24 522	0.4 = 0.0
	trustees, and key employees	230,594.	161,416.	34,589.	34,589
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,374,166.	1,946,514.	175,017.	252,635
8	Pension plan accruals and contributions (include	<b>5</b> 4 <b>6</b> 6	0 - 000		
	section 401(k) and 403(b) employer contributions)	51,327.	35,929.	7,699.	7,699 45,130
9	Other employee benefits	435,314.	360,178.	30,006.	45,130
10	Payroll taxes	230,332.	186,569.	18,427.	25,336
11	Fees for services (non-employees):				
а	Management				
b	Legal	24,270.	19,659.	2,184.	2,427 2,839
С	Accounting [	28,387.	22,993.	2,555.	2,839
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	297,009.	240,577.	26,731.	29,701
12	Advertising and promotion	1,055.	854.	95.	106
13	Office expenses	29,044.	23,526.	2,614.	2,904
14	Information technology				
15	Royalties				
16	Occupancy	430,887.	349,809.	38,349.	42,729
17	Travel	194,021.	157,157.	17,462.	19,402
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,099.	7,370.		1,729
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,776.	57,329.	6,370.	7,077
23	Insurance				•
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 0.)				
а	EQUIPMENT	213,240.	172,725.	19,191.	21,324
b	PROCESSING FEES & OTHER	130,707.	105,873.	11,763.	13,071
c	VISIBILITY	96,857.	78,454.	8,717.	9,686
d	TELEPHONE	89,145.	72,207.	8,023.	8,915
-	All other expenses	131,320.	99,172.	19,904.	12,244
25	Total functional expenses. Add lines 1 through 24e	5,067,550.	4,098,311.	429,696.	539,543
26	Joint costs. Complete this line only if the organization	.,,	, ,	== ,	1117010
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY SUF 98-2 (ASC 938-720)				Eorm <b>990</b> (2014)

Form **990** (2014)

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0 105 604	1	0 100 806		
	2	Savings and temporary cash investments	2,105,604.	2	2,129,726		
	3	Pledges and grants receivable, net		215,739.	3	450,056	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sec					
2		employees' beneficiary organizations (see instr).				6	
2000	7	Notes and loans receivable, net				7	
ξ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		64,954.	9	55,321	
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	549,735.			
	b	Less: accumulated depreciation		433,378.	189,470.	10c	116,357
	11	Investments - publicly traded securities	-		•	11	•
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	 15	Other assets. See Part IV, line 11	29,500.	15	9,224		
	16	Total assets. Add lines 1 through 15 (must equ		II.	2,605,267.	16	2,760,684
_	17	Accounts payable and accrued expenses			304,403.	17	219,387
	18	Grants payable			•	18	
	19	Deferred revenue			33,565.	19	40,427
	20	Tax-exempt bond liabilities				20	, , , , , , , , , , , , , , , , , , ,
	 21	Escrow or custodial account liability. Complete				21	
	 22	Loans and other payables to current and former					
'		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
۱,	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
'		parties, and other liabilities not included on lines					
		Schedule D	-	· · · · · · · · · · · · · · · · · · ·	5,422.	25	(
	26	Total liabilities. Add lines 17 through 25		<b>_</b>	343,390.	26	259,814
Ť		Organizations that follow SFAS 117 (ASC 958					
,		complete lines 27 through 29, and lines 33 an					
	27	Unrestricted net assets			2,079,458.	27	2,406,803
	28	Temporarily restricted net assets			182,419.	28	94,067
	29				•	29	
		Organizations that do not follow SFAS 117 (A					
:		and complete lines 30 through 34.		,, s			
<u> </u>	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed		l -		31	
: '	32	Retained earnings, endowment, accumulated in		_		32	
;   4		- notambo caminos, chadwincht, accumulated in				<u>52</u>	
<b>,</b>	33	Total net assets or fund balances		<b>-</b>	2,261,877.	33	2,500,870

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 5	5,30	6,5	43.	
2	Total expenses (must equal Part IX, column (A), line 25)	2 5	,06	7,5	<del>50.</del>	
3	Revenue less expenses. Subtract line 2 from line 1	3			93.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5				
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10 2	2,50	0,8	70.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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 separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2014)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ 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

Open to Public Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.			
he o	organi	ization is not a private found	ation because it is: (	For lines 1 through 11.	check only	one box.)				
1		A church, convention of ch					)(A)(i).			
2		A school described in <b>sect</b> i					77.7-			
3		A hospital or a cooperative		•	ection 170	//b)(1)(A)(ii	i).			
4		A medical research organiz					-	the hospital's name		
•		city, and state:	anon operated in co	njanotion with a noopita	. 400011501			ino neophare name,		
5		An organization operated for	or the benefit of a co	ullege or university owne	d or onera	ted by a d	overnmental unit describ	ned in		
J		section 170(b)(1)(A)(iv). (C		mage of armiversity owne	a or opera	tou by u g	overnmental and accord	,oa		
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h)/1)/A)	(v)			
	X		-					public described in		
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8			•	(1)(A)(vi) (Complete Par	+ 11 \					
9		An organization that norma				contribution	ana mambarahin fasa a	and arose receipts from		
9		An organization that norma	•	•	-			-		
		activities related to its exen	-	•				•		
		income and unrelated busin		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.		
10		See <b>section 509(a)(2).</b> (Cor An organization organized a	•	ively to test for public so	afoty Soo	saction 50	10(2)(4)			
11	Ħ	An organization organized a	•	•				nurnoses of one or		
• •		more publicly supported or	<u>=</u>	•	-		· · · · · · · · · · · · · · · · · · ·			
			•					MIECK LITE DOX III		
•		lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а			•	•	•					
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
h		1 -			tion with it	e cupport	ad arganization(s) by ba	vina		
b		Type II. A supporting org	•					-		
		control or management o			arrie perso	טווס נוומנ טנ	introl of manage the sup	pported		
•		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with		
C		Type III functionally inte					• •	eu wiiri,		
لم		its supported organization						=otion(o)		
d		Type III non-functionally	= ::				• • • • •			
		that is not functionally int	-		•			iveriess		
_		requirement (see instruct	•	· ·						
е		<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>					гтурет, туреті, туретіі			
f	Ento	r the number of supported of								
,		ride the following information								
9_		Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		organization		(described on lines 1-9	listed i governing	n your	support (see	other support (see		
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)		
				(See Instructions))						
ota	ı									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

## 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.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	` '	` '	` '	` ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						414,213.
	Public support. Subtract line 5 from line 4.						21,014,292.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,591,807.	3,155,321.	4,800,342.	4,622,447.	5,258,588.	21,428,505.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,483.		181.	727.	392.	2,783.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			11,410.	24,076.	47,563.	83,049.
11	<b>Total support.</b> Add lines 7 through 10						21,514,337.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
~	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ						0.5.0
	Public support percentage for 2014 (I					14	97.68 %
	Public support percentage from 2013					15	97.78 %
16a	33 1/3% support test - 2014. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,		nd see instruction	

## 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 under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 2014	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inoccumdor continu E10						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
_							<u></u>
	ction C. Computation of Publi					, ,	
15	Public support percentage for 2014 (li	ine 8, column (f) o	livided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
Sec	ction D. Computation of Inves					, ,	
17						17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2013. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└

432023 09-17-14

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
401		
10b		

Pa	rt IV   Supporting Organizations (continued)			ige <b>c</b>
	Continued)		Yes	No
44	Healtha arganization accounted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Type it oupporting Organizations		Yes	No
4	Ware a majority of the examination's directors or trustees during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain  now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
<b>h</b>		Za		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014

15550405 701224 7955

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. <b>See instr</b> i	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Cont	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Seci	ion A - Adjusted Net Income		(A) Prior Year	(optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	anization (see
	instructions).			

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
	Excess from 2013			
	Excess from 2014			
	2,0000			

Schedule A	(Form 990 or 990-EZ) 2014 TREVOR	PROJECT	INC.	95-4681287 Page 8
Part VI	Supplemental Information. Pro	vide the explanat	tions required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
	Also complete this part for any addition	al information. (So	ee instructions).	

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- ux, (c	oc ocp	, then				
		01(c)(4), (5), or (6) organizat	tions: Complete Part III.		l e	
Name	of orgar		DDO TEGE TNG			mployer identification number $95-4681287$
Part	Ι_Λ		PROJECT INC. panization is exempt under	or coation 501(a)	or is a soction 52	
<b>1</b> P	rovide a	description of the organiz	ration's direct and indirect politica	al campaign activities in	n Part IV.	
3 V	oluntee	nours				
Part	I-B	Complete if the org	janization is exempt unde	er section 501(c)(	3).	
			incurred by the organization unde			<b>&gt;</b> \$
<b>2</b> E	nter the	amount of any excise tax	incurred by organization manage	rs under section 4955	<u> </u>	<b>S</b>
3 If	the ora	anization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this vear?		Yes No
			······································			
		describe in Part IV.				
Part	I-C	Complete if the org	janization is exempt unde	er section 501(c),	except section 5	01(c)(3).
1 E	nter the	amount directly expended	d by the filing organization for sec	tion 527 exempt funct	ion activities	<b>▶</b> \$
			ization's funds contributed to oth			
		0 0		· ·		<b>▶</b> \$
			. Add lines 1 and 2. Enter here ar			*
		'		,		<b>▶</b> \$
			1120-POL for this year?			
			nployer identification number (EIN			
			tion listed, enter the amount paid		~	
		•	omptly and directly delivered to a			•
			additional space is needed, provi			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
		(a) Namo	(5) / (331000	(0) 2	filing organization	
					funds. If none, enter	-0 promptly and directly
						delivered to a separate political organization.
						If none, enter -0
						,
				1		

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041

Schedule C (Form 990 or 990-EZ) 2014

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

9,059.

309,501.

9,059.

# Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-468128 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or			
local legislation, including any attempt to influence public opinion on a legislative matter			
or referendum, through the use of:			
a Volunteers?			
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), se		(5), or se	ction
501(c)(6).	ζ-,	. ,,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), se			ction
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer			
answered "Yes."	,	. ()	,,
4110110104 1001			
		1	
Dues, assessments and similar amounts from members		1	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p</li> </ul>		1	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> </ol>	olitical		
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> </ol>	olitical	2a	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> </ol>	olitical	2a 2b	
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ol>	olitical	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> </ul>	olitical	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the</li> </ul>	olitical  S e excess	2a 2b 2c	
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a</li> </ul>	s e excess nd political	2a 2b 2c 3	
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10-21-14

Schedule C (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC.  Part IV Supplemental Information (continued)	95-4681287 Page 4
Part IV   Supplemental Information (continued)	
PREVENT CONVERSION THERAPY.	

432044 10-21-14

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	incompany to the language of the control of the con		V N-
Par			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		y important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		nization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	rganization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	·	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments		, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

Schedule D (Form 990) 2014

Pai	rt III	Organizations Maintaining C	ollections of Ar	t, Histor	ical Tr	easures, c	r Other	Simila	r Asse	<b>ts</b> (continue	ed)
3	Using	the organization's acquisition, accession	on, and other records	s, check ar	ny of the	following tha	t are a sig	nificant u	se of its	collection i	tems
	(chec	k all that apply):									
а		Public exhibition	d	Loa	an or exc	hange progra	ms				
b		Scholarly research	е	Oth	ner						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	llections and explain	how they	further t	he organizatio	on's exem	pt purpos	se in Par	XIII.	
5	During	g the year, did the organization solicit or	receive donations o	f art, histo	rical trea	sures, or othe	er similar a	essets		_	
_		sold to raise funds rather than to be ma							L	Yes	No_
Pai	rt IV	Escrow and Custodial Arrang		te if the or	ganizatio	n answered "	Yes" to Fo	orm 990,	Part IV, I	ine 9, or	
		reported an amount on Form 990, Par									
1a		organization an agent, trustee, custodia		-						1	
_		rm 990, Part X?								Yes	∟ No
b	If "Ye	s," explain the arrangement in Part XIII a	and complete the foll	owing tab	le:						
	<b>.</b> .									Amount	
C	-	ning balance						1c			
d		ions during the year						1d			
e •		outions during the year						1e			
f		g balance ne organization include an amount on Fo								Yes	□ No
		s," explain the arrangement in Part XIII.					-	/?		J 163	
Pai		Endowment Funds. Complete if									
			(a) Current year	(b) Prior		(c) Two year			ars hack	(e) Four ye	ears back
1a	Begin	ning of year balance	(a) carrerre year	(2) 1 1101	you.	(6) 1110 your		. <b>,</b>	aro baon	( <b>0)</b> . ca. y .	
b		ibutions									
С		vestment earnings, gains, and losses									
d		s or scholarships									
е		expenditures for facilities									
	and p	rograms									
f	Admir	nistrative expenses									
g		f year balance									
2	Provid	de the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a	a)) held as:					
а	Board	d designated or quasi-endowment 🕨 _		%							
b	Perma	anent endowment 🕨	%								
С		orarily restricted endowment	%								
	The p	ercentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3а	Are th	nere endowment funds not in the posses	ssion of the organiza	tion that a	re held a	nd administe	red for the	e organiza	ation	_	
	by:										es No
		nrelated organizations								3a(i)	
_	` '	-									
		s" to 3a(ii), are the related organizations								3b	
4 Dai	rt VI	ibe in Part XIII the intended uses of the Land, Buildings, and Equipm		vment fun	as.						
Fai	LVI	•		Dort IV lin	11	Form 000	Dort V lin	no 10			
		Complete if the organization answered							.	(d) Deele	
		Description of property	(a) Cost or other basis (investment)			or other (other)	. ,	umulated eciation	'	(d) Book v	alue
10	Land		•	J.16)	54515	(521101)	асрі	COIGCIOIT			
ia b		ngs									
C		Phold improvements		89.				7,18	9.		0.
d		ment	. 200				3(	$\frac{7,25}{60,65}$		23	,224.
	Other		150 6					65,53			,133.
		lines 1a through 1e (Column (d) must ed			(R) line 1	10c)		,		116	357.

Schedule D (Form 990) 2014

Part VII Investments - Other Securit	ties.
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Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" (a)	Description	Tid. See Form 990, Part X, III	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •	+		
(9)			
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial	statements that reports the

Schedule D (Form 990) 2014

art XI	<b>Reconciliation of Revenue</b>	per Audited Financial Statements	With Revenue per Return.

Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,640,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	334,147.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	334,147.
3	Subtract line 2e from line 1			3	5,306,543.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	5,306,543.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.			
1	<b>-</b>				
2	Total expenses and losses per audited financial statements			1	5,401,697.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	5,401,697.
а			334,147.	1	5,401,697.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	5,401,697.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a 2b		1	5,401,697.
b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c		1	
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a 2b 2c 2d	334,147.	1 2e	334,147.
b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a 2b 2c 2d	334,147.		
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	334,147.	2e	334,147.
b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	334,147.	2e	334,147.
b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	334,147.	2e	334,147.
b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	334,147.	2e	334,147.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO. 740, "UNCERTAINTY IN INCOME TAXES" ("ASC 740"), THE ORGANIZATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE ORGANIZATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.

THE ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED JULY 31, 2015, THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN Schedule D (Form 990) 2014

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► 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/form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TREVOR	PROJECT INC.				95-4661	407
Fundraising Activities required to complete this par	• Complete if the organization answet.	ered "Y	'es" to	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursi	tion of tion of fundra (includerofess	non-g gover sising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			<b>•</b>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

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

Schedule G (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-4681287 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through LIVE NY 8 LIVE LA col. (c)) (event type) (event type) (total number) Revenue 2,068,951. 1,067,536 724,291. 277,124. 1 Gross receipts 528,790 449,191. 100,344. 1,078,325. 2 Less: Contributions 538,746 275,100. 176,780. 990,626. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 275,100.538,746. 176,780. 990,626. 9 Other direct expenses ..... 990,626. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_

Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Sch	nedule G (Form 990 or 990-EZ) 2014 TREVOR PROJECT INC. 95-	4681	287	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	☐ No
12	to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:		res	□ NO
		120	I	04
	a The organization's facility			<u>%</u> %
	an outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	เงม		70
'-				
	Name ►Address ►			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
		—		
	of If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	<b>5</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9,	9b, 10	lb, 15b,
	Too, To, and Trb, as applicable. Also provide any additional information (see instructions).			

432083 08-28-14

Schedule (	G (Form 990 or 990-EZ) TREVOR I	PROJECT	INC.	95-4681287 Page 4
Part IV	Supplemental Information (contin	ued)		
_				

15550405 701224 7955

432084 05-01-14

2014.05091 TREVOR PROJECT INC.

7955\_\_\_1

#### **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. 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

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Employer identification number TREVOR PROJECT INC. 95-4681287

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		37	
	Receive a severance payment or change-of-control payment?	4a	Х	37
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	c Participate in, or receive payment from, an equity-based compensation arrangement?			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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		Х
	Any related organization?	5b		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		X
b	Any related organization?	6b		X
	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 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 subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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, of Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable (E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents
(1) ABBE LAND	(i)	199,651.	0.			
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.
	(i)					
	(ii)		'			
	(i)	,	<u> </u>	<u> </u>		1
	(ii)	, <u>_</u>	<b></b> '	<b></b>	<u> </u> '	4———
	(i)	,	<b></b> '	<b></b>	<u> </u> '	4
	(ii)	,	<del></del> '	<b></b>	<del> </del> '	+
	(i)	,	<del>                                     </del>	<b></b>	<del> </del> '	+
	(ii)		<del></del> '	<del> </del>	<b></b> '	+
	(i)		<b></b> '	<del> </del>	<del> </del>	+
	(ii)		<b></b> '	<del> </del>	<del> </del>	+
	(i)		<b></b> '	<del> </del>	<del> </del>	+
	(ii)		<del></del> '	<del> </del>	<del> </del>	+
	(i)	,	+	<del>                                     </del>	<del> </del>	+
	(ii)	,	<del></del>	<del>                                     </del>	<del> </del>	<del></del>
	(i)	,	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del></del>
	(ii)	,	<del></del>	<del>                                     </del>	<del> </del>	+
	(i)	,		<del>                                     </del>	<del> </del>	+
	(ii)	,		<del>                                     </del>	<del> </del>	+
	(i) (ii)	,		<del>                                     </del>	<del> </del>	<del>                                     </del>
	(i)	, <del></del>		<del>                                     </del>	<del> </del>	
	(ii) (ii)	ı <del></del>		<del>                                     </del>	+	
	(i)	i <del></del>	<u> </u>		+	
	(ii)	i <del></del>			+	
	(i)	,———			<del>                                     </del>	
	(ii)	,			<del>                                     </del>	
	(i)	,			<del>                                     </del>	
	(ii)	,			<del>                                     </del>	
	(i)	,			<del>                                     </del>	
	(ii)	,			<del>                                     </del>	

Schedule J (Form 990) 2014 TREVOR PROJECT INC.
Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this pa
PART I, LINE 4A:
PER CONFIDENTIALITY AGREEMENT SIGNED BY THE ORGANIZATION, THE SEVERANCE
PACKAGE PAID TO AN EMPLOYEE IS NOT OPEN FOR PUBLIC INSPECTION. HOWEVER,
THIS INFORMATION WILL BE MADE AVAILABLE TO THE TAXING AUTHORITIES UPON
REQUEST.

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

TREVOR PROJECT INC.

**Employer identification number** 95-4681287

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF THE TREVOR PROJECT IS TO END SUICIDE AMONG GAY, LESBIAN,
BISEXUAL, TRANSGENDER AND QUESTIONING YOUNG PEOPLE. THE ORGANIZATION
WORKS TO FULFILL THIS MISSION THROUGH FOUR STRATEGIES:
1. PROVIDE CRISIS COUNSELING TO LGBTQ YOUNG PEOPLE THINKING OF SUICIDE.
2. OFFER RESOURCES, SUPPORTIVE COUNSELING AND A SENSE OF COMMUNITY TO
LGBTQ YOUNG PEOPLE TO REDUCE THE RISK THAT THEY BECOME SUICIDAL.
3. EDUCATE YOUNG PEOPLE AND ADULTS WHO INTERACT WITH YOUNG PEOPLE ON
LGTBQ-COMPETENT SUICIDE PREVENTION, RISK DETECTION AND RESPONSE.
4. ADVOCATE FOR LAWS AND POLICIES THAT WILL REDUCE SUICIDE AMONG LGBTQ
YOUNG PEOPLE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ADDRESS RISK FACTORS FOR SUICIDE.
FORM 990, PART VI, SECTION B, LINE 11:
THE DRAFT 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT, THEN DISTRIBUTED VIA
E-MAIL TO THE BOARD OF DIRECTORS. THE BOARD VOTED TO APPROVE THE DRAFT IN
THEIR ANNUAL RETREAT. THE EXECUTIVE DIRECTOR/CEO SIGNED OFF ON THE APPROVED
990.

Name of the organization TREVOR PROJECT INC.

Employer identification number 95-4681287

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

THE EXECUTIVE DIRECTOR IS IN CHARGE OF MONITORING THE ANNUAL CONFLICT OF

INTEREST STATEMENTS AND ENFORCING THE CONFLICT OF INTEREST POLICY. BOARD

MEMBERS SIGN CONFLICT OF INTEREST STATEMENTS AT THEIR ANNUAL RETREAT.

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

THE TREVOR PROJECT ENGAGES THE SERVICES OF AN INDEPENDENT PARTY EVERY TWO
YEARS TO CONDUCT A COMPENSATION SURVEY OF NOT JUST THE EXECUTIVE

DIRECTOR/CEO AND KEY EMPLOYEES, BUT OF ALL TREVOR PROJECT STAFF. THIS STUDY
COMPARES THE COMPENSATION LEVELS AND BENEFITS OFFERED TO EMPLOYEES TO THE
CURRENT INDUSTRY TRENDS. COMPENSATION FOR ALL EMPLOYEES ARE BASED ON THE
RANGES IDENTIFIED AS A RESULT OF THIS STUDY AS WELL AS THE EMPLOYEE'S
EXPERIENCE. THE EXECUTIVE DIRECTOR/CEO APPROVES THE COMPENSATION OF KEY
EMPLOYEES; THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE
COMPENSATION OF THE EXECUTIVE DIRECTOR/CEO. THE BOARD ALSO SETS THE INITIAL
SALARY OF THE VICE PRESIDENT OF OPERATIONS WHO ACTS AS THE CFO. THE
DELIBERATIONS AND DECISIONS ARE RECORDED CONTEMPORANEOUSLY AND KEPT BY THE
HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,NY,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MS,NH,NJ,NM,NY,NC,ND,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW.GUIDESTAR.ORG OR UPON REQUEST.

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

432212

Schedule O (Form 990 or 990-EZ) (2014)