

Short Form Return of Organization Exempt From Income Tax

2009

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning , **2009**, and ending

<p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>Teen with A Dream PO Box 413 Parker, CO 80134</p>	<p>D Employer identification number</p> <p>33-1092529</p>	<p>E Telephone number</p> <p>720-519-4574</p>	<p>F Group Exemption Number</p> <p>..... ▶</p>
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.teenwithadream.org

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,863.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	78,863.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	b Less: direct expenses other than fundraising expenses	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	7a Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	8 Other revenue (describe ▶ _____)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	78,863.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	14,800.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	1,190.
	15	Printing, publications, postage, and shipping	15	558.
	16	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16	62,713.
	17 Total expenses. Add lines 10 through 16	17	79,261.	
A S S E T S	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-398.
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,139.
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,741.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

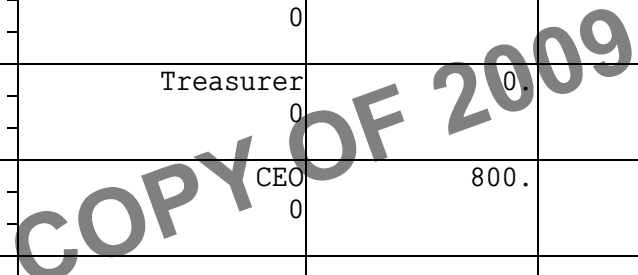
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22,139.	22	21,741.
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 Total assets.	22,139.	25	21,741.
26 Total liabilities (describe ▶ _____)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,139.	27	21,741.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 2</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>Chemo Day Care Baskets to children undergoing chemotherapy.</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 28 a		8,100.
29	<u>College scholarships for childhood cancer survivors (2) for \$2000 each.</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 29 a		6,081.
30	<u>Wireless Internet Service at Cancer Center</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 30 a		2,991.
31	Other program services (attach schedule). <u>See Statement 3</u> (Grants \$ <u>2,968.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> 31 a		10,640.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> 32		27,812.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Jan Harrison PO Box 413 Parker, CO 80134	President 0	14,000.	0.	0.
Sara J Streight PO Box 413 Parker, CO 80134	Secretary 0	0.	0.	0.
E Jennifer Kramer PO Box 413 Parker, CO 80134	Treasurer 0	0.	0.	0.
Spencer T Harrison PO Box 413 Parker, CO 80134	CEO 0	800.	0.	0.



Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 4

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9. N/A		
39b	Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ Jan Harrison Telephone no. ▶ 720-519-4574
 Located at ▶ PO Box 413 Parker CO ZIP + 4 ▶ 80134

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49 b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here

Signature of officer: Jan Harrison Date: _____
 Type or print name and title: President

Paid Preparer's Use Only

Preparer's signature: Non-Paid Preparer Date: _____
 Check if self-employed: Preparer's Identifying Number (See instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____
 Phone no.: _____

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

Client 01

Teen with A Dream

33-1092529

7/25/12

12:07PM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion.....	\$	154.
Aquarium for CHOA.....		2,566.
Boys/Girls Night at Cancer Ctr.....		1,773.
Chemo Day Care Baskets.....		8,100.
Dream Products.....		596.
EBay Auction costs.....		1,297.
Game Systems & DVD library.....		1,280.
Germ Lite General Expenses.....		446.
Giving Trees.....		2,668.
Grant Writing Costs.....		152.
Halloween party for patients.....		271.
Holiday Tea Event.....		1,070.
Insurance.....		2,112.
Kid Friendly Room Remodelinig.....		255.
Movie Day.....		303.
Office Assistance.....		1,123.
Office Expenses.....		524.
Parent Support Group.....		189.
Scholarships.....		6,081.
Silent Auction - Bank Charges.....		144.
Silent Auction - Inv Printing.....		3,061.
Silent Auction - Sales Tax.....		769.
Silent Auction - Venue Expense.....		19,581.
Teen with a Dream - CA.....		4,094.
Telephone.....		224.
Therapeutic Art Program.....		710.
Tutor Hours.....		179.
Wireless Internet@Cancer Ctr.....		2,991.
Total	\$	<u>62,713.</u>

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Statement 2
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To provide aid and comfort to children with Cancer.

Statement 3
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Giving Trees for Cancer Patients at CHOA Includes Foreign Grants: No		2,668.
Aquarium at CHOA Includes Foreign Grants: No		2,566.
Girls and Boys Nights Out for Cancer Patients at CHOA. Includes Foreign Grants: No	1,773.	1,773.

Client 01

Teen with A Dream

33-1092529

7/25/12

12:07PM

Statement 3 (continued)
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
Game System and DVD Library at Rocky Mountain Pediatric Hematology & Oncology Center. Includes Foreign Grants: No		1,280.
Therapeutic Art Program Includes Foreign Grants: No		710.
GERM Lite Events (General) Includes Foreign Grants: No	446.	446.
Movie Trip for Cancer Kids. Includes Foreign Grants: No	303.	303.
Halloween Party for Cancer Patients at CHOA Includes Foreign Grants: No	271.	271.
Kid Friendly Cancer Center Room Remodel Includes Foreign Grants: No		255.
Parent Support Group Includes Foreign Grants: No		189.
Tutor Hours Includes Foreign Grants: No	175.	179.
Total	\$ 2,968.	\$ 10,640.

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Statement 4
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No