

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2010

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning** \_\_\_\_\_, **2010, and ending** \_\_\_\_\_,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Teen with A Dream PO Box 413 Parker, CO 80134	<b>D</b> Employer identification number 33-1092529
		<b>E</b> Telephone number 720-519-4574
		<b>F</b> Group Exemption Number: _____ ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ www.teenwithadream.org

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

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **86,278.**

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

Check if the organization used Schedule O to respond to any question in this Part I.

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	86,271.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	7.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	86,278.	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	15,857.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	5,587.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	84.
	<b>16</b> Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	51,702.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	73,230.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	13,048.	
<b>ASSETS</b>	<b>19</b> 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)	<b>19</b>	21,802.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	34,850.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2010)

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,802.	34,850.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	21,802.	34,850.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,802.	34,850.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

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, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Chemo Day Care Baskets to children undergoing chemotherapy.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	4,184.
29 College scholarships for childhood cancer survivors (2) for \$2000 each.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	4,000.
30 LA Girls Night for Cancer Patients		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	3,479.
31 Other program services (describe in Schedule O) <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	12,039.
32 Total program service expenses (add lines 28a through 31a)	32	23,702.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(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	14,007.	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	1,850.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V. [X]

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name.
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, explain in Schedule O why the organization did not report the income on Form 990-T.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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 tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
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.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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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

b 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)?
42b Yes No X
If 'Yes,' enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42c Yes No X
If 'Yes,' enter the name of the foreign country:

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
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
44a Yes No X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
44b Yes No X
c Did the organization receive any payments for indoor tanning services during the year?
44c Yes No X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.
44d Yes No

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

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

**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

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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.

<b>Sign Here</b>	Signature of officer	Date
	E Jennifer Kramer	Treasurer
	Type or print name and title.	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	E Jennifer Kramer	Non-Paid Preparer			
	Firm's name				
	Firm's address				
				Firm's 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

5/15/11

04:56PM

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

Advertising and Promotion.....	\$	179.
Aquarium at Cancer Center.....		2,571.
Boys/Girls Night at Cancer Ctr.....		1,600.
Chemo Day Care Baskets.....		4,184.
Dream Products.....		388.
Game Systems & DVD library.....		868.
Germ Life Firehouse Fun.....		1,138.
Germ Lite General Expenses.....		1,099.
Germ Lite Princess Party.....		1,029.
Grant Writing Costs.....		48.
Halloween party for patients.....		592.
Holiday Tea Event.....		15.
Insurance.....		1,950.
LA Girls Night.....		3,479.
Membership Dues.....		100.
Office Expenses.....		125.
Parent Support Group.....		1,800.
Scholarships.....		4,000.
Silent Auction - Bank Charges.....		1,163.
Silent Auction - Inv Printing.....		770.
Silent Auction - Sales Tax.....		781.
Silent Auction - Venue Expense.....		21,434.
Telephone.....		1,047.
Therapeutic Art Program.....		767.
Tutor Hours.....		200.
Wireless Internet@Cancer Ctr.....		375.
	Total	<u>\$ 51,702.</u>

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Name of the organization

Teen with A Dream

Employer identification number

33-1092529

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

To provide aid and comfort to children with Cancer.

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Name of the organization

Teen with A Dream

Employer identification number

33-1092529

**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

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Client 01

Teen with A Dream

33-1092529

5/15/11

04:56PM

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

Description	Grants	Program Service Expenses
Aquarium at Cancer Center Includes Foreign Grants: No		2,571.
Parent Support Group Includes Foreign Grants: No		1,800.
Girls and Boys Nights Out for Cancer Patients at Cancer Center Includes Foreign Grants: No		1,600.
Germ Lite Firehouse Trip for Cancer Patients Includes Foreign Grants: No		1,138.
GERM Lite Events (General) Includes Foreign Grants: No		1,099.
Germ Lite Princess Party for Cancer Patients Includes Foreign Grants: No		1,029.
Game System and DVD Library at Rocky Mountain Pediatric Hematology & Oncology Center. Includes Foreign Grants: No		868.
Therapeutic Art Program Includes Foreign Grants: No		767.
Halloween Party for Cancer Patients at Cancer Center Includes Foreign Grants: No		592.
Wireless Internet Service at Cancer Center Includes Foreign Grants: No		375.
Tutor Hours Includes Foreign Grants: No		200.
Total	\$ 0.	\$ 12,039.