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Form **990**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 black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

**C** Name of organization**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

**1776 MASSACHUSETTS AVENUE, NW****200**

City or town, state or country, and ZIP + 4

**WASHINGTON, DC 20036-1916****F** Name and address of principal officer **SARAH S. BROWN  
SAME AS C ABOVE****D** Employer identification number**52-1974611****E** Telephone number**(202) 478-8500****G** Gross receipts \$**78,258,729.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.THENATIONALCAMPAIGN.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1996****M** State of legal domicile: **DC****Part I Summary**

|                             |                                                                |                                                                                                                                                                                   |                    |
|-----------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Activities & Governance     | 1                                                              | Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE WELL-BEING OF CHILDREN, YOUTH/FAMILIES BY REDUCING TEEN AND UNPLANNED PREGNANCIES.</b> |                    |
|                             | 2                                                              | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                           |                    |
|                             | 3                                                              | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                 | <b>26</b>          |
|                             | 4                                                              | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                     | <b>26</b>          |
|                             | 5                                                              | Total number of employees (Part V, line 2a)                                                                                                                                       | <b>34</b>          |
|                             | 6                                                              | Total number of volunteers (estimate if necessary)                                                                                                                                | <b>0</b>           |
|                             | 7a                                                             | Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                        | <b>0.</b>          |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34 | <b>0.</b>                                                                                                                                                                         |                    |
| Revenue                     | 8                                                              | Contributions and grants (Part VIII, line 1h)                                                                                                                                     | <b>3,428,072.</b>  |
|                             | 9                                                              | Program service revenue (Part VIII, line 2g)                                                                                                                                      | <b>13,117,910.</b> |
|                             | 10                                                             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                     | <b>234,051.</b>    |
|                             | 11                                                             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                          | <b>492,298.</b>    |
|                             | 12                                                             | Total revenue. Add lines 8 through 11. Must equal Part VIII, column (A), line 12                                                                                                  | <b>3,725,119.</b>  |
|                             | 13                                                             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                  | <b>13,957,774.</b> |
|                             | 14                                                             | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                     | <b>2,288,070.</b>  |
| Expenses                    | 15                                                             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                 | <b>1,279,708.</b>  |
|                             | 16a                                                            | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                     | <b>2,856,961.</b>  |
|                             | b                                                              | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>97,407.</b>                                                                                                        | <b>3,191,735.</b>  |
|                             | 17                                                             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                      | <b>4,573,036.</b>  |
|                             | 18                                                             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                         | <b>5,190,341.</b>  |
|                             | 19                                                             | Revenue less expenses. Subtract line 18 from line 12                                                                                                                              | <b>9,718,067.</b>  |
|                             | 20                                                             | Total assets (Part X, line 16)                                                                                                                                                    | <b>4,295,990.</b>  |
| Net Assets or Fund Balances | 21                                                             | Total liabilities (Part X, line 26)                                                                                                                                               | <b>23,478,038.</b> |
|                             | 22                                                             | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                        | <b>2,266,306.</b>  |
|                             |                                                                |                                                                                                                                                                                   | <b>21,211,732.</b> |

**Part II Signature Block**

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**SARAH S. Brown**  
Signature of officer**16/10/10**  
Date**SARAH S. BROWN, CEO/TREASURER**  
Type or print name and titlePaid  
Preparer's  
Use OnlyPreparer's  
signature**R A F F A**

Date

**6/9/10**Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)Firm's name (or  
yours if  
self-employed),  
address, and  
ZIP + 4**RAFFA, PC  
1899 L STREET NW, SUITE 900  
WASHINGTON, DC 20036**

EIN ▶

Phone no. ▶ **202-822-5000**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

932001 02-04-10

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

Form **990** (2009)

SCANNED JUL 27 2010

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THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY

Form 990 (2009)

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**Part III** Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
TO IMPROVE THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES  
AND, IN PARTICULAR, TO HELP ENSURE THAT CHILDREN ARE BORN INTO STABLE,  
TWO-PARENT FAMILIES WHO ARE COMMITTED TO AND READY FOR THE DEMANDING  
TASK OF RAISING THE NEXT GENERATION. OUR SPECIFIC STRATEGY IS TO
- 2 Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
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 ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,802,584. including grants of \$ 0. ) (Revenue \$ )  
MEDIA - THIS DEPARTMENT HAS DEVELOPED PARTNERSHIPS WITH OVER 100 MAJOR  
MEDIA LEADERS AND WITH EVERY MAJOR TELEVISION BROADCAST AND CABLE  
NETWORK MOST POPULAR WITH TEENS, THEIR PARENTS, AND WITH YOUNG ADULTS  
AS WELL. OVER THE YEARS, THE CAMPAIGN MESSAGES HAVE APPEARED IN  
TELEVISION PROGRAMS, MAGAZINES AND WEBSITES SEEN BY MILLIONS OF PEOPLE.

4b (Code ) (Expenses \$ 2,515,223. including grants of \$ 1,230,144. ) (Revenue \$ )  
NATIONAL CAMPAIGN FUND - THROUGH THIS FUND, THE CAMPAIGN ENGAGES  
CONSULTANTS, RESEARCHERS, MEDIA EXPERTS, AND OTHERS KNOWLEDGEABLE IN  
THE FIELDS OF TEEN AND UNPLANNED PREGNANCY PREVENTION, CONSISTENT WITH  
THE CAMPAIGN'S MISSION. THIS FUND IS SUPPORTED BY A MAJOR THREE-YEAR,  
\$18 MILLION GRANT FROM THE HEWLETT FOUNDATION (THE FOUNDATION) WHICH IS  
DESIGNATED, IN LARGE PART, FOR GENERAL OPERATING SUPPORT.

4c (Code: ) (Expenses \$ 833,443. including grants of \$ 10,000. ) (Revenue \$ )  
RESEARCH - THIS DEPARTMENT REVIEWS, ASSEMBLES, AND GENERATES DATA AND  
INFORMATION TO INFORM ALL CAMPAIGN ACTIVITIES, CONSISTENT WITH THE  
CAMPAIGN'S COMMITMENT TO BEING A SCIENCE-BASED ORGANIZATION.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 2,579,253. including grants of \$ 39,564. ) (Revenue \$ 109,331. )

4e Total program service expenses \$ 8,730,503.

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                     | Yes        | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | <b>X</b>   |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | <b>X</b>   |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                |            | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                  | <b>X</b>   |          |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                        | <b>N/A</b> |          |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |            | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      |            | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                   |            | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> |            | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                       |            | <b>X</b> |
| <b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                      | <b>X</b>   |          |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                        |            |          |
| • 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? <i>If "Yes," complete Schedule D, Part VII</i>                                                    |            |          |
| • 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                    |            |          |
| • 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                       |            |          |
| • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                      |            |          |
| • 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? <i>If "Yes," complete Schedule D, Part X</i>                       |            |          |
| <b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                            | <b>X</b>   |          |
| <b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>                                                                 | <b>X</b>   |          |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                  |            | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                              |            | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                             | <b>X</b>   |          |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                      |            | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                          |            | <b>X</b> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>                                                         |            | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                     |            | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                               |            | <b>X</b> |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                  |            | <b>X</b> |

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**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                 | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                               | <b>X</b> |          |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                |          | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i>                           | <b>X</b> |          |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> |          | <b>X</b> |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                    |          |          |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                           |          |          |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                              |          |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                          |          | <b>X</b> |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>           |          | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                         |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 |          | <b>X</b> |
| <b>28</b> 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):                                                                                        |          |          |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                       |          | <b>X</b> |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                    |          | <b>X</b> |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                            |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                       |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                       |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                          |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                           |          | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                           |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                           |          | <b>X</b> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                     |          | <b>X</b> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                             |          | <b>X</b> |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                  |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                | <b>X</b> |          |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |                                                                                                                                                                                                                                                                                     | Yes | No |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.                                                                                                                                           | 38  |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                                    | 0   |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                            | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                                                                      | 34  |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                                     | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                                |     | X  |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                                   |     |    |
| <b>4a</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)?                                          |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>                                                                                           |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                               |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                    |     | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                                    |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                         |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                       |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                                     |     | X  |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                     |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                                |     | X  |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                                  |     |    |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                   |     | X  |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                        |     | X  |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                          |     |    |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                               |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?<br>N/A |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                    |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?<br>N/A                                                                                                                                                                                                      |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?<br>N/A                                                                                                                                                                                       |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                      |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12<br>N/A                                                                                                                                                                                                     |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                         |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                     |     |    |
| <b>11a</b> | Gross income from members or shareholders<br>N/A                                                                                                                                                                                                                                    |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                        |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                   |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                               |     |    |

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**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.

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                       | 1a | 1b | 2 | 3  | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|----|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body                                                                                                                                                           | 26 |    |   |    |   |   |   |    |    |    |    |   |     |    |
| b Enter the number of voting members that are independent                                                                                                                                                             |    | 26 |   |    |   |   |   |    |    |    |    |   |     |    |
| 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 organizational documents since the prior Form 990 was filed?                                                                                               |    |    |   | 4  |   |   |   |    |    |    |    |   |     | X  |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             |    |    |   | 5  |   |   |   |    |    |    |    |   |     | X  |
| 6 Does the organization have members or stockholders?                                                                                                                                                                 |    |    |   | 6  |   |   |   |    |    |    |    |   |     | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        |    |    |   | 7a |   |   |   |    |    |    |    |   |     | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                             |    |    |   | 7b |   |   |   |    |    |    |    |   |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |    |    |   |    |   |   |   |    |    |    |    |   |     |    |
| a The governing body?                                                                                                                                                                                                 |    |    |   | 8a |   | X |   |    |    |    |    |   |     |    |
| b Each committee with authority to act on behalf of the governing body?                                                                                                                                               |    |    |   | 8b |   | X |   |    |    |    |    |   |     |    |
| 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  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

|                                                                                                                                                                                                                                                                                                  | 10a | 10b | 11 | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                          | 10a |     |    |     |     |     |    |    |     |     |     |     |     | X  |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?                                                                             |     | 10b |    |     |     |     |    |    |     |     |     |     |     |    |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                            |     |     | 11 | X   |     |     |    |    |     |     |     |     |     |    |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |     |    |     |     |     |    |    |     |     |     |     |     |    |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                     |     |     |    | 12a |     | X   |    |    |     |     |     |     |     |    |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                              |     |     |    |     | 12b |     | X  |    |     |     |     |     |     |    |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done                                                                                                                                             |     |     |    |     |     | 12c |    | X  |     |     |     |     |     |    |
| 13 Does the organization have a written whistleblower policy?                                                                                                                                                                                                                                    |     |     |    |     |     | 13  |    | X  |     |     |     |     |     |    |
| 14 Does 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?                                                                          |     |     |    |     |     |     |    |    |     |     |     |     |     |    |
| a The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                         |     |     |    |     |     |     |    |    | 15a |     | X   |     |     |    |
| b Other officers or key employees of the organization                                                                                                                                                                                                                                            |     |     |    |     |     |     |    |    |     | 15b |     | X   |     |    |
| 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 taxable entity during the year?                                                                                                                                        |     |     |    |     |     |     |    |    |     |     | 16a |     |     | X  |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |     |    |     |     |     |    |    |     |     |     | 16b |     |    |

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE CAMPAIGN - 202-478-8500**  
**1776 MASSACHUSETTS AVE., NW, #200, WASHINGTON, DC 20036-1916**

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

**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. Use Schedule J-2 if additional space is needed.

• 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. 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.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

| (A)<br>Name and Title                 | (B)<br>Average hours per week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                               | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| THE HON. THOMAS H. KEAN<br>CHAIRMAN   | 1.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ISABEL V. SAWHILL, PHD<br>PRESIDENT   | 1.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ROBERT BLUM, MD, MPH, PHD<br>DIRECTOR | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| THOMAS S. CHAPPELL<br>DIRECTOR        | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| LINDA CHAVEZ<br>DIRECTOR              | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| VANESSA CULLINS, MD, PHD<br>DIRECTOR  | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SUSANNE DANIELS<br>DIRECTOR           | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARIA ECHAVESTE<br>DIRECTOR           | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DAISY EXPOSITO-ULLA<br>DIRECTOR       | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| WILLIAM GALSTON, PHD<br>DIRECTOR      | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| RON HASKINS, PHD<br>DIRECTOR          | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| NANCY L. JOHNSON<br>DIRECTOR          | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JUDITH E. JONES<br>DIRECTOR           | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JODY GREENSTONE MILLER<br>DIRECTOR    | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| REV. MICHAEL PLACE, STD<br>DIRECTOR   | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| BRUCE ROSENBLUM<br>DIRECTOR           | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DIANE ROWLAND, SCD<br>DIRECTOR        | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title               | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                     |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| VICTORIA P. SANT<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SARA SEIMS, PHD<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MATTHEW STAGNER, PHD<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARY C. TYDINGS<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ROLAND C. WARREN<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| STEPHEN A. WEISWASSER<br>DIRECTOR   | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| GAIL R. WILENSKY, PHD<br>DIRECTOR   | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KIMBERLYDAWN WISDOM, MD<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JUDY WOODRUFF<br>DIRECTOR           | 1.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SARAH S. BROWN<br>CEO AND TREASURER | 40.00                         |                                        |                       | X       |              |                              |        | 225,275.                                                             | 0.                                                                        | 33,463.                                                                                       |
| <b>1b Total</b>                     |                               |                                        |                       |         |              |                              |        | <b>1,501,981.</b>                                                    | <b>0.</b>                                                                 | <b>193,682.</b>                                                                               |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

- |   |                                                                                                                                                                                                                              |     |    |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                        | Yes | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X   |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address                                                | (B)<br>Description of services           | (C)<br>Compensation |
|---------------------------------------------------------------------------------|------------------------------------------|---------------------|
| IDEO INC.<br>100 FOREST AVENUE, PALO ALTO, CA 94301                             | DIGITAL MEDIA/<br>WEBSITE CONSULTING     | 1,231,217.          |
| THE GUTTMACHER INSTITUTE, 125 MAIDEN LANE,<br>7TH FLOOR, NEW YORK, NY 10038     | SOCIAL SURVEY/<br>RESEARCH PROJECTS      | 400,827.            |
| FLEISHMAN-HILLARD INC., 1615 L STREET, NW,<br>SUITE #1000, WASHINGTON, DC 20036 | WEBSITE HOSTING/<br>CONSULTING/MARKETING | 333,206.            |
| CHILD TRENDS INC., 4301 CONNECTICUT<br>AVENUE, NW, SUITE 350, WASHINGTON, DC    | SOCIAL SURVEY/<br>RESEARCH PROJECTS      | 327,595.            |
| CARBON FIVE, 171 SECOND STREET, 4TH FLOOR,<br>SAN FRANCISCO, CA 94105           | SOFTWARE DESIGN/<br>CONSULTING           | 324,640.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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**Part VIII Statement of Revenue**

|                                                                   |                                                                                                                                             |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1 a</b> Federated campaigns                                                                                                              | <b>1a</b>      | 5,173.               |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Membership dues                                                                                                                    | <b>1b</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Fundraising events                                                                                                                 | <b>1c</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Related organizations                                                                                                              | <b>1d</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                  | <b>1e</b>      | 607,895.             |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                                  | <b>1f</b>      | 12504842.            |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f \$                                                                                   |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>h Total.</b> Add lines 1a-1f                                                                                                             |                |                      | 13117910.            |                                                 |                                         |                                                                              |
| <b>Program Service<br/>Revenue</b>                                |                                                                                                                                             |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>2 a</b>                                                                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>e</b>                                                                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>f</b> All other program service revenue                                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>g Total.</b> Add lines 2a-2f                                                                                                             |                |                      |                      |                                                 |                                         |                                                                              |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                                    |                |                      | 544,209.             |                                                 |                                         | 544,209.                                                                     |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                 |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>5</b> Royalties                                                                                                                          |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>6 a</b> Gross Rents                                                                                                                      | (i) Real       | (ii) Personal        |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                            |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                        |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                        | (i) Securities | (ii) Other           |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                    |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                                 |                |                      | <51,911.>            |                                                 |                                         | <51,911.>                                                                    |
|                                                                   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c) See<br>Part IV, line 18 | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                              | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                                       |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19                                                                     | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                              | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                        |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                        | <b>a</b>       |                      | 109,331.             |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: cost of goods sold                                                                                                           | <b>b</b>       |                      | 54,187.              |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory                                                                                       |                |                      | 55,144.              | 55,144.                                         |                                         |                                                                              |
| <b>Miscellaneous Revenue</b>                                      |                                                                                                                                             |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                              |
| <b>11 a</b> GRANT CANCELATION                                     |                                                                                                                                             | 900099         | 198,343.             |                      |                                                 | 198,343.                                |                                                                              |
| <b>b</b> OTHER                                                    |                                                                                                                                             | 900099         | 94,079.              |                      |                                                 | 94,079.                                 |                                                                              |
| <b>c</b>                                                          |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                              |
| <b>d</b> All other revenue                                        |                                                                                                                                             |                |                      |                      |                                                 |                                         |                                                                              |
| <b>e Total.</b> Add lines 11a-11d                                 |                                                                                                                                             |                | 292,422.             |                      |                                                 |                                         |                                                                              |
| <b>12 Total revenue.</b> See instructions.                        |                                                                                                                                             |                | 13957774.            | 55,144.              | 0.                                              | 784,720.                                |                                                                              |

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**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                     | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                                    | 1,279,708.            | 1,279,708.                      |                                        |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                                      |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                         |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                         | 1,098,780.            | 847,784.                        | 205,922.                               | 45,074.                     |
| 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                                                                                                                                                                                                         | 1,277,052.            | 1,000,588.                      | 276,250.                               | 214.                        |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                                    | 116,181.              | 90,980.                         | 24,633.                                | 568.                        |
| 9 Other employee benefits                                                                                                                                                                                                          | 537,682.              | 412,936.                        | 117,908.                               | 6,838.                      |
| 10 Payroll taxes                                                                                                                                                                                                                   | 162,040.              | 125,490.                        | 33,754.                                | 2,796.                      |
| 11 Fees for services (non-employees):                                                                                                                                                                                              |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                            | 560.                  |                                 | 560.                                   |                             |
| c Accounting                                                                                                                                                                                                                       | 96,369.               |                                 | 96,369.                                |                             |
| d Lobbying                                                                                                                                                                                                                         | 54,000.               | 54,000.                         |                                        |                             |
| e Professional fundraising services See Part IV, line 17                                                                                                                                                                           |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                       | 19,935.               |                                 | 19,935.                                |                             |
| g Other                                                                                                                                                                                                                            | 2,968,810.            | 2,929,437.                      | 19,160.                                | 20,213.                     |
| 12 Advertising and promotion                                                                                                                                                                                                       | 216,114.              | 212,281.                        | 3,505.                                 | 328.                        |
| 13 Office expenses                                                                                                                                                                                                                 | 198,294.              | 139,459.                        | 56,421.                                | 2,414.                      |
| 14 Information technology                                                                                                                                                                                                          | 209,520.              | 191,383.                        | 14,904.                                | 3,233.                      |
| 15 Royalties                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                       | 557,950.              | 382,459.                        | 165,453.                               | 10,038.                     |
| 17 Travel                                                                                                                                                                                                                          | 49,723.               | 47,735.                         | 1,210.                                 | 778.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                  |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                          | 281,540.              | 273,058.                        | 6,989.                                 | 1,493.                      |
| 20 Interest                                                                                                                                                                                                                        | 4,238.                | 2,478.                          | 1,664.                                 | 96.                         |
| 21 Payments to affiliates                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                       | 202,636.              | 167,014.                        | 33,079.                                | 2,543.                      |
| 23 Insurance                                                                                                                                                                                                                       | 27,803.               | 10,310.                         | 17,493.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                           |                       |                                 |                                        |                             |
| a <b>CONTRACTORS</b>                                                                                                                                                                                                               | 181,866.              | 181,866.                        |                                        |                             |
| b <b>PRINTING/PUBLICATIONS</b>                                                                                                                                                                                                     | 120,983.              | 119,320.                        | 882.                                   | 781.                        |
| c <b>INDIRECT COST RECOVERY</b>                                                                                                                                                                                                    | 0.                    | 262,217.                        | <262,217.>                             |                             |
| d                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| e                                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| f All other expenses                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f                                                                                                                                                                       | 9,661,784.            | 8,730,503.                      | 833,874.                               | 97,407.                     |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**THE NATIONAL CAMPAIGN TO PREVENT  
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**Part X Balance Sheet**

|                                                                            |                                                                                                                                                                                | (A)<br>Beginning of year |             | (B)<br>End of year |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                                                              | <b>1</b> Cash - non-interest-bearing                                                                                                                                           | 76,115.                  | <b>1</b>    | 500.               |
|                                                                            | <b>2</b> Savings and temporary cash investments                                                                                                                                | 8,035,243.               | <b>2</b>    | 1,414,063.         |
|                                                                            | <b>3</b> Pledges and grants receivable, net                                                                                                                                    | 14,261,643.              | <b>3</b>    | 501,090.           |
|                                                                            | <b>4</b> Accounts receivable, net                                                                                                                                              | 40,851.                  | <b>4</b>    | 11,111.            |
|                                                                            | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                   |                          | <b>5</b>    |                    |
|                                                                            | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L      |                          | <b>6</b>    |                    |
|                                                                            | <b>7</b> Notes and loans receivable, net                                                                                                                                       |                          | <b>7</b>    |                    |
|                                                                            | <b>8</b> Inventories for sale or use                                                                                                                                           | 32,552.                  | <b>8</b>    | 54,727.            |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                 | 47,822.                  | <b>9</b>    | 90,393.            |
|                                                                            | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                 | 1,761,487.               |             |                    |
|                                                                            | <b>b</b> Less: accumulated depreciation                                                                                                                                        | 663,466.                 |             |                    |
|                                                                            |                                                                                                                                                                                | 590,008.                 | <b>10c</b>  | 1,098,021.         |
|                                                                            | <b>11</b> Investments - publicly traded securities                                                                                                                             | 1,582.                   | <b>11</b>   | 24,435,569.        |
|                                                                            | <b>12</b> Investments - other securities. See Part IV, line 11                                                                                                                 | 328,688.                 | <b>12</b>   | 103,886.           |
|                                                                            | <b>13</b> Investments - program-related. See Part IV, line 11                                                                                                                  |                          | <b>13</b>   |                    |
|                                                                            | <b>14</b> Intangible assets                                                                                                                                                    |                          | <b>14</b>   |                    |
| <b>15</b> Other assets. See Part IV, line 11                               | 63,534.                                                                                                                                                                        | <b>15</b>                | 42,234.     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 23,478,038.                                                                                                                                                                    | <b>16</b>                | 27,751,594. |                    |
| <b>Liabilities</b>                                                         | <b>17</b> Accounts payable and accrued expenses                                                                                                                                | 2,060,645.               | <b>17</b>   | 1,806,574.         |
|                                                                            | <b>18</b> Grants payable                                                                                                                                                       |                          | <b>18</b>   |                    |
|                                                                            | <b>19</b> Deferred revenue                                                                                                                                                     |                          | <b>19</b>   |                    |
|                                                                            | <b>20</b> Tax-exempt bond liabilities                                                                                                                                          |                          | <b>20</b>   |                    |
|                                                                            | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                |                          | <b>21</b>   |                    |
|                                                                            | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | <b>22</b>   |                    |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                       |                          | <b>23</b>   |                    |
|                                                                            | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                         |                          | <b>24</b>   |                    |
|                                                                            | <b>25</b> Other liabilities. Complete Part X of Schedule D                                                                                                                     | 205,661.                 | <b>25</b>   | 286,906.           |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                    | 2,266,306.               | <b>26</b>   | 2,093,480.         |
| <b>Net Assets or Fund Balances</b>                                         | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                               |                          |             |                    |
|                                                                            | <b>27</b> Unrestricted net assets                                                                                                                                              | 5,131,140.               | <b>27</b>   | 20,459,630.        |
|                                                                            | <b>28</b> Temporarily restricted net assets                                                                                                                                    | 16,080,592.              | <b>28</b>   | 5,198,484.         |
|                                                                            | <b>29</b> Permanently restricted net assets                                                                                                                                    |                          | <b>29</b>   |                    |
|                                                                            | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                        |                          |             |                    |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds                                                                                                                   |                          | <b>30</b>   |                    |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                                                     |                          | <b>31</b>   |                    |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                     |                          | <b>32</b>   |                    |
|                                                                            | <b>33</b> <b>Total net assets or fund balances</b>                                                                                                                             | 21,211,732.              | <b>33</b>   | 25,658,114.        |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b>            | 23,478,038.                                                                                                                                                                    | <b>34</b>                | 27,751,594. |                    |

Form **990** (2009)

**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes      | No       |
|-----------|----------|----------|
| <b>2a</b> |          | <b>X</b> |
| <b>2b</b> | <b>X</b> |          |
| <b>2c</b> | <b>X</b> |          |
| <b>3a</b> | <b>X</b> |          |
| <b>3b</b> | <b>X</b> |          |

Form **990** (2009)



## THE NATIONAL CAMPAIGN TO PREVENT

Schedule A (Form 990 or 990-EZ) 2009 **TEEN AND UNPLANNED PREGNANCY**

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**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)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶                                                                                                                                                          | (a) 2005 | (b) 2006  | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 1612849. | 20175125. | 1546895. | 3433606. | 13117910. | 39886385. |
| 2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 1612849. | 20175125. | 1546895. | 3433606. | 13117910. | 39886385. |
| 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) |          |           |          |          |           | 31341573. |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |           |          |          |           | 8544812.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶                                                                                                                                                                              | (a) 2005 | (b) 2006  | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|----------|----------|-----------|------------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 1612849. | 20175125. | 1546895. | 3433606. | 13117910. | 39886385.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          | 58,988.  | 97,948.   | 358,308. | 266,632. | 544,209.  | 1326085.   |
| 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 IV.)                                                                                                                        | 16,477.  | 13,145.   | 27,031.  | 44,143.  | 94,079.   | 194,875.   |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |          |           |          |          |           | 41407345.  |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |          |           |          |          | 12        | 1,187,586. |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |           |          |          |           |            |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                        | 14 | 20.64 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                              | 15 | 29.48 % |
| 16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                                    |    |         |
| b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                                 |    |         |
| 17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> |    |         |
| b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>         |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                          |    |         |

Schedule A (Form 990 or 990-EZ) 2009

**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.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> 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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> 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                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                    |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

I. BACKGROUND:

THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY ("NCPTUP") IS A NONPROFIT ORGANIZATION INCORPORATED IN WASHINGTON, DC IN 1996. NCPTUP'S MISSION IS TO IMPROVE THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES AND, IN PARTICULAR, TO HELP ENSURE THAT CHILDREN ARE BORN INTO STABLE, TWO-PARENT FAMILIES WHO ARE COMMITTED TO AND READY FOR THE DEMANDING TASK OF RAISING THE NEXT GENERATION. OUR SPECIFIC STRATEGY IS TO PREVENT TEEN PREGNANCY AND UNPLANNED PREGNANCY, ESPECIALLY AMONG SINGLE, YOUNG ADULTS. WE SUPPORT A COMBINATION OF RESPONSIBLE VALUES AND BEHAVIOR BY BOTH MEN AND WOMEN AND RESPONSIBLE POLICIES IN BOTH THE PUBLIC AND PRIVATE SECTORS. IF WE ARE SUCCESSFUL, CHILD AND FAMILY WELL-BEING WILL IMPROVE. THERE WILL BE LESS POVERTY, MORE OPPORTUNITIES FOR YOUNG MEN AND WOMEN TO COMPLETE THEIR EDUCATION OR ACHIEVE OTHER LIFE GOALS, FEWER ABORTIONS, AND A STRONGER NATION. NCPTUP CURRENTLY HAS NINE PROGRAMS: THE NATIONAL CAMPAIGN FUND, MEDIA, RESEARCH, COMMUNICATIONS AND PUBLICATIONS, PARTNERSHIPS AND SPECIAL INITIATIVES, PUBLIC POLICY, LEADERSHIP AND PLANNING, STATE AND LOCAL AFFAIRS, AND THE LATINO INITIATIVE.

II. ANALYSIS

NCPTUP QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION DESCRIBED UNDER SECTION 170(B)(1)(A)(VI) AND THEREFORE AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(1) BECAUSE IT SATISFIES THE "FACTS AND CIRCUMSTANCES TEST" SET FORTH IN SECTION 1.170A-9T(F) OF THE TREASURY REGULATIONS.

A. THRESHOLD REQUIREMENTS

**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**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                      |                                                                          |                                |                   |
|----------------------|--------------------------------------------------------------------------|--------------------------------|-------------------|
| Name of organization | <b>THE NATIONAL CAMPAIGN TO PREVENT<br/>TEEN AND UNPLANNED PREGNANCY</b> | Employer identification number | <b>52-1974611</b> |
|----------------------|--------------------------------------------------------------------------|--------------------------------|-------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

| (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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Schedule C (Form 990 or 990-EZ) 2009  
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**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**

Schedule C (Form 990 or 990-EZ) 2009

52-1974611 Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8,560.                                                   |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 132,985.                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 141,545.                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9,520,239.                                               |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9,661,784.                                               |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 633,089.                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width:65%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The lobbying nontaxable amount is:                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20% of the amount on line 1e.                            |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1,000,000.                                             |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 158,272.                                                 |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.                                                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.                                                       |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |            |
|---------------------------------------------------------------------|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 304,961. | 436,115. | 640,870. | 633,089. | 2,015,035. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 3,022,553. |
| <b>c</b> Total lobbying expenditures                                | 67,625.  | 37,924.  | 97,002.  | 141,545. | 344,096.   |
| <b>d</b> Grassroots nontaxable amount                               | 76,240.  | 109,029. | 160,218. | 158,272. | 503,759.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 755,639.   |
| <b>f</b> Grassroots lobbying expenditures                           |          |          | 5,086.   | 8,560.   | 13,646.    |

Schedule C (Form 990 or 990-EZ) 2009

## THE NATIONAL CAMPAIGN TO PREVENT

Schedule C (Form 990 or 990-EZ) 2009

TEEN AND UNPLANNED PREGNANCY

52-1974611 Page 3

**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)).

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     |    |        |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                               |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |        |
| <b>d</b> 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), section 501(c)(5), or section 501(c)(6).

|                                                                                                           | Yes      | No |
|-----------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | <b>2</b> |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

|                                                                                                                                                                                                                                                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2009

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**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
InspectionName of the organization **THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**Employer identification number  
**52-1974611****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

|                                                                                                                                                                                                                                                                       | (a) Donor advised funds | (b) Funds and other accounts                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year)                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year)                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                      | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                             | 2a                              |
| b Total acreage restricted by conservation easements                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it 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 year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

|                                                      |            |
|------------------------------------------------------|------------|
| (i) Revenues 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

|                                                    |            |
|----------------------------------------------------|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X              | ▶ \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                   |                                      |                                 |                              |                |
| b Buildings               |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 372,228.                        | 186,202.                     | 186,026.       |
| d Equipment               |                                      | 550,307.                        | 355,902.                     | 194,405.       |
| e Other                   |                                      | 838,952.                        | 121,362.                     | 717,590.       |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,098,021.

Schedule D (Form 990) 2009



**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**

Schedule D (Form 990) 2009

52-1974611 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                          |    |             |
|----|------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 13,957,774. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 9,661,784.  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 4,295,990.  |
| 4  | Net unrealized gains (losses) on investments                                             | 4  | 150,392.    |
| 5  | Donated services and use of facilities                                                   | 5  |             |
| 6  | Investment expenses                                                                      | 6  |             |
| 7  | Prior period adjustments                                                                 | 7  |             |
| 8  | Other (Describe in Part XIV.)                                                            | 8  |             |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 150,392.    |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 4,446,382.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                 |    |             |
|---|---------------------------------------------------------------------------------|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 14,369,278. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains on investments                                             | 2a | 150,392.    |
| b | Donated services and use of facilities                                          | 2b | 206,925.    |
| c | Recoveries of prior year grants                                                 | 2c |             |
| d | Other (Describe in Part XIV.)                                                   | 2d | 54,187.     |
| e | Add lines 2a through 2d                                                         | 2e | 411,504.    |
| 3 | Subtract line 2e from line 1                                                    | 3  | 13,957,774. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIV.)                                                   | 4b |             |
| c | Add lines 4a and 4b                                                             | 4c | 0.          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 13,957,774. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                  |    |            |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 9,922,896. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities                                           | 2a | 206,925.   |
| b | Prior year adjustments                                                           | 2b |            |
| c | Other losses                                                                     | 2c |            |
| d | Other (Describe in Part XIV.)                                                    | 2d | 54,187.    |
| e | Add lines 2a through 2d                                                          | 2e | 261,112.   |
| 3 | Subtract line 2e from line 1                                                     | 3  | 9,661,784. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)                                                    | 4b |            |
| c | Add lines 4a and 4b                                                              | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 9,661,784. |

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: THE CAMPAIGN PERFORMED AN EVALUATION FOR UNCERTAIN TAX**

**POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**COST OF GOODS SOLD: 54187.**

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD: 54187.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public Inspection**

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY

52-1974611

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )**

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 0                                   | 0                                           | PROGRAM SERVICES                                                                                                               | RESEARCH PAPERS                                                                                    | 45,000.                           |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
|                                          |                                     |                                             |                                                                                                                                |                                                                                                    |                                   |
| <b>Totals</b>                            | 0                                   | 0                                           |                                                                                                                                |                                                                                                    | 45,000.                           |

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

Schedule F (Form 990) 2009

# THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

52-1974611

Page 2

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

**Use Schedule F-1 (Form 990) if additional space is needed**

[illegible]

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3 Enter total number of other organizations or entities**

Schedule F (Form 990) 2009

52-1974611

Schedule F (Form 990) 2009

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

|                                                                                                      |                                                     |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>THE NATIONAL CAMPAIGN TO PREVENT<br/>TEEN AND UNPLANNED PREGNANCY</b> | Employer identification number<br><b>52-1974611</b> |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

**Part II**

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

| 1 (a) Name and address of organization or government                                                                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------|
| CALIFORNIA FAMILY HEALTH COUNCIL<br>3600 WILSHIRE BOULEVARD, SUITE #600<br>LOS ANGELES, CA 90010                                | 95-2564024 | 501(C)(3)                     | 242,000.                 | 0.                                |                                                       |                                        | MULTI MEDIA AWARENESS<br>CAMPAIGN ON CONTRACEPTION<br>METHODS IN CALIFORNIA.                    |
| AMERICAN ASSOCIATION OF COMMUNITY<br>COLLEGES - ONE DUPONT CIRCLE, NW,<br>SUITE #410 - WASHINGTON, DC 20036                     | 53-0196569 | 501(C)(3)                     | 150,000.                 | 0.                                |                                                       |                                        | RESEARCH ON COMMUNITY<br>COLLEGE STUDENT SERVICES.                                              |
| PUBLIC HEALTH SOLUTIONS INC.<br>220 CHURCH STREET, 5TH FLOOR<br>NEW YORK, NY 10012                                              | 13-5669201 | 501(C)(3)                     | 125,837.                 | 0.                                |                                                       |                                        | FEASIBILITY STUDY ON<br>VIDEO FOR CONTRACEPTION<br>METHODS.                                     |
| CINCINNATI CHILDREN'S HOSPITAL<br>MEDICAL CENTER - 3333 BURNET<br>AVENUE - CINCINNATI, OH 45229                                 | 31-0833936 | 501(C)(3)                     | 100,000.                 | 0.                                |                                                       |                                        | NEEDS ASSESSMENT AND<br>CURRICULUM DEVELOPMENT.                                                 |
| PLANNED PARENTHOOD OF SOUTH<br>FLORIDA AND THE TREASURE COAST -<br>2300 NORTH FLORIDA MANGO ROAD -<br>WEST PALM BEACH, FL 33409 | 59-1391115 | 501(C)(3)                     | 100,000.                 | 0.                                |                                                       |                                        | PILOT PROGRAM FOR<br>PREGNANCY PREVENTION<br>AMONG FOSTER CARE YOUTH.                           |
| PLANNED PARENTHOOD MONTANA<br>219 E. MAIN STREET<br>MISSOULA, MT 59802                                                          | 81-0307201 | 501(C)(3)                     | 113,971.                 | 0.                                |                                                       |                                        | 2 GRANTS: 1ST - STATEWIDE<br>SUMMIT ON PREGNANCY<br>PREVENTION AND 2ND -<br>ESTABLISH STATEWIDE |

2 Enter total number of section 501(c)(3) and government organizations

18. ▶

3 Enter total number of other organizations

1. ▶

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD MONTANA

(H) PURPOSE OF GRANT OR ASSISTANCE: 2 GRANTS: 1ST - STATEWIDE SUMMIT ON  
PREGNANCY PREVENTION AND 2ND - ESTABLISH STATEWIDE COALITION ON TEEN  
PREGNANCY PREVENTION.

**THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE CAMPAIGN MAKES GRANTS THROUGH ITS NATIONAL CAMPAIGN FUND PROGRAM. SOME OF THESE GRANTS ARE AWARDED THROUGH A COMPETITIVE, PEER-REVIEWED PROCESS. A FORMAL PROCESS HAS BEEN DEVELOPED WHEREBY THE ORGANIZATION PERIODICALLY MONITORS THE SUBSTANTIVE PROGRESS OF THE GRANT PROGRAM, REVIEWS FINANCIAL REPORTS FROM THE GRANTEE, REVIEWS THE GRANTEE'S PUBLICLY AVAILABLE FINANCIAL REPORTS AND TAX FILINGS (WHERE APPLICABLE) AND ALSO HOLDS PERIODIC CONFERENCE CALLS WITH THE GRANTEE TO CONFIRM THAT THE FUNDS ARE BEING EXPENDED AS AGREED UPON IN THE AWARD DOCUMENT.

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047  
**2009**  
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| Name of the organization                                                                                |                                                                                                                                    | THE NATIONAL CAMPAIGN TO PREVENT<br>TEEN AND UNPLANNED PREGNANCY |                          | Employer identification number<br>52-1974611 |                                                       |                                        |                                                                               |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------|----------------------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------|
| Part I                                                                                                  | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |                                                                  |                          |                                              |                                                       |                                        |                                                                               |
| (a) Name and address of organization or government                                                      | (b) EIN                                                                                                                            | (c) IRC section if applicable                                    | (d) Amount of cash grant | (e) Amount of non-cash assistance            | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                            |
| PLANNED PARENTHOOD HEALTH SYSTEMS<br>100 S. BOYLAN AVENUE<br>RALEIGH, NC 27603                          | 56-1282557                                                                                                                         | 501(C)(3)                                                        | 63,438.                  | 0.                                           |                                                       |                                        | CLINICAL SERVICES AND EVALUATION.                                             |
| SEATTLE/KING COUNTY DEPARTMENT OF PUBLIC HEALTH - 401 5TH AVENUE, SUITE #1000 - SEATTLE, WA 98104       | 91-6001327                                                                                                                         | N/A                                                              | 89,831.                  | 0.                                           |                                                       |                                        | NEEDS ASSESSMENT AND CLINICAL SUPPORT.                                        |
| NATIONAL COUNCIL OF LARAZA<br>1126 16TH STREET, NW<br>WASHINGTON, DC 20036                              | 86-0212873                                                                                                                         | 501(C)(3)                                                        | 96,022.                  | 0.                                           |                                                       |                                        | NATIONAL LATINA TEEN PREGNANCY PREVENTION RESEARCH AND WORKSHOP.              |
| MONTGOMERY COMMUNITY COLLEGE<br>900 HUNGERFORD DRIVE, SUITE #235F<br>ROCKVILLE, MD 20850                | 52-0891845                                                                                                                         | 501(C)(3)                                                        | 30,720.                  | 0.                                           |                                                       |                                        | RESEARCH STUDY ON COMMUNITY COLLEGE STUDENTS.                                 |
| UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET - SAN FRANCISCO, CA 94143                  | 94-3067788                                                                                                                         | 501(C)(3)                                                        | 54,495.                  | 0.                                           |                                                       |                                        | PRODUCE EDUCATIONAL VIDEO ON CONTRACEPTION METHODS FOR HIGH RISK INDIVIDUALS. |
| NATIONAL COUNCIL FOR STUDENT DEVELOPMENT - 1582 S. PARKER ROAD, SUITE #201 - DENVER, CO 80231           | 43-1790141                                                                                                                         | 501(C)(3)                                                        | 32,000.                  | 0.                                           |                                                       |                                        | EDUCATIONAL AND MEMBER SURVEY.                                                |
| THE FAMILY PLANNING COUNCIL<br>260 S. BROAD STREET, SUITE #1000<br>PHILADELPHIA, PA 19102               | 23-1878446                                                                                                                         | 501(C)(3)                                                        | 14,850.                  | 0.                                           |                                                       |                                        | CAPACITY BUILDING AND EDUCATION YOUTH IN FOSTER CARE.                         |
| OKLAHOMA INSTITUTE FOR CHILD ADVOCACY - 3909 N. CLASSEN BOULEVARD, SUITE #101 - OKLAHOMA CITY, OK 73118 | 73-1192768                                                                                                                         | 501(C)(3)                                                        | 14,544.                  | 0.                                           |                                                       |                                        | CAPACITY BUILDING AND EDUCATION.                                              |

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

Schedule I-1 (Form 990) 2009

Name of the organization **THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY** Employer identification number **52-1974611**

| Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) |            |                               |                          |                                   |                                                       |                                        |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| (a) Name and address of organization or government                                                                                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                         |
| COLLEGE OF SOUTHERN MARYLAND<br>P.O. BOX 910<br>LA PLATA, MD 20646                                                                        | 52-0848273 | 501(C)(3)                     | 12,000.                  | 0.                                |                                                       |                                        | RESEARCH STUDY ON COMMUNITY COLLEGE STUDENTS.              |
| AMERICAN PUBLIC HUMAN SERVICES ASSOCIATION - 1133 19TH STREET, NW, SUITE #400 - WASHINGTON, DC 20036                                      | 36-2166498 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | PUBLIC AWARENESS AND INFORMATION DISSEMINATION.            |
| LATINO LEADERS NETWORK<br>1140 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036                                                         | 51-0601578 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | CAPACITY BUILDING AND PUBLIC POLICY BRIEFING.              |
| TRANSNATIONAL FAMILY RESEARCH INSTITUTE - 229 WIXON AVENUE - APTOS, CA 95003                                                              | 23-7166706 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | RESEARCH AND DATA COLLECTION.                              |
| NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES - P.O. BOX 8970 - RENO, NV 89507                                                     | 36-2486896 | 501(C)(3)                     | 10,000.                  | 0.                                |                                                       |                                        | CAPACITY BUILDING AND EDUCATION FOR YOUTH IN COURT SYSTEM. |
|                                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                                            |
|                                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                                            |
|                                                                                                                                           |            |                               |                          |                                   |                                                       |                                        |                                                            |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

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Name of the organization **THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY** Employer identification number  
**52-1974611**

**Part I Questions Regarding Compensation**

**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

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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) and 501(c)(4) 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:

- a** The organization?
- b** Any related organization?

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:

- a** The organization?
- b** Any related organization?

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

**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 Regs. 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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

## Part II

|         |                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------|
| Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY

Schedule J (Form 990) 2009

52-1974611

Page 3

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 7: ANY BONUSES RECEIVED BY OFFICERS, KEY EMPLOYEES AND HIGHEST

PAID EMPLOYEES LISTED IN FORM 990, PART VII WERE BASED ON KEY PERFORMANCE

INDICATORS.

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

**Open to Public Inspection**

Employer Identification number  
52-1974611

[illegible]

Schedule J-2 (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCYEmployer identification number  
52-1974611

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENT TEEN PREGNANCY AND UNPLANNED PREGNANCY, ESPECIALLY AMONG  
SINGLE, YOUNG ADULTS. WE SUPPORT A COMBINATION OF RESPONSIBLE VALUES  
AND BEHAVIOR BY BOTH MEN AND WOMEN AND RESPONSIBLE POLICIES IN BOTH THE  
PUBLIC AND PRIVATE SECTORS. IF WE ARE SUCCESSFUL, CHILD AND FAMILY  
WELL-BEING WILL IMPROVE. THERE WILL BE LESS POVERTY, MORE OPPORTUNITIES  
FOR YOUNG MEN AND WOMEN TO COMPLETE THEIR EDUCATION OR ACHIEVE OTHER  
LIFE GOALS, FEWER ABORTIONS, AND A STRONGER NATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNICATIONS AND PUBLICATIONS

EXPENSES \$ 678043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 109331.

PARTNERSHIPS AND SPECIAL INITIATIVES

EXPENSES \$ 495870. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY

EXPENSES \$ 463236. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LATINO INITIATIVE

EXPENSES \$ 345292. INCLUDING GRANTS OF \$ 10000. REVENUE \$ 0.

STATE AND LOCAL AFFAIRS

EXPENSES \$ 305056. INCLUDING GRANTS OF \$ 29564. REVENUE \$ 0.

LEADERSHIP

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY

Employer identification number  
52-1974611

EXPENSES \$ 291756. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN  
INDEPENDENT ACCOUNTING FIRM. ONCE THE FORM 990 IS COMPLETE, AND PRIOR TO  
ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE, THE FORM 990 IS REVIEWED  
AND APPROVED BY THE CHAIRMAN OF THE AUDIT COMMITTEE OF THE BOARD OF  
DIRECTORS AND IS ALSO MADE AVAILABLE TO THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A FORMAL  
CONFLICT OF INTEREST POLICY. THE MEMBERS OF THE BOARD OF DIRECTORS ARE  
REQUIRED TO REVIEW AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY ONCE A  
YEAR. ALL STAFF MEMBERS SIGN AND ACKNOWLEDGE THIS POLICY AT INITIAL HIRE  
AND SENIOR STAFF ALSO SIGNS AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST  
POLICY ANNUALLY. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS  
AND HANDLES ANY INSTANCES WHERE A CONFLICT OF INTEREST IS REPORTED AMONG  
BOARD MEMBERS. THE CEO AND/OR COO REVIEW AND HANDLE INSTANCES OF REPORTED  
CONFLICTS OF INTEREST BY STAFF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CHIEF  
EXECUTIVE OFFICER IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.  
THE CEO PERFORMS A SELF-EVALUATION THAT IS SUBMITTED TO THE PRESIDENT OF  
THE BOARD. THE PRESIDENT, IN CONSULTATION WITH THE EXECUTIVE COMMITTEE,  
DEVELOPS AND DELIVERS AN EVALUATION AT WHICH TIME THE CEO'S COMPENSATION IS  
DETERMINED. COMPENSATION OF EMPLOYED OFFICERS AND KEY EMPLOYEES IS SET BY  
THE CEO AFTER A STUDY COMPARING THE CAMPAIGN'S SALARIES WITH THOSE OF  
HUNDREDS OF OTHER NOT-FOR-PROFIT ORGANIZATIONS.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

THE NATIONAL CAMPAIGN TO PREVENT  
TEEN AND UNPLANNED PREGNANCY

Employer identification number

52-1974611

FORM 990, PART VI, SECTION C, LINE 19: THE CAMPAIGN'S GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE IN ITS  
MAIN OFFICE AND CAN BE SEEN THROUGH REQUEST TO THE CEO, COO, OR CFO.

FORM 990, PART XI, LINE 2C: THE CAMPAIGN HAS A COMMITTEE THAT ASSUMES  
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS  
AND SELECTION OF AN INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN  
THESE PROCESSES FROM THE PRIOR YEAR.

SCHEDULE A, PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

**III. CONCLUSION**

IN SUMMARY, NCPTUP HAS THE CHARACTERISTICS OF A "PUBLICLY SUPPORTED"  
ORGANIZATION, BASED ON THE FACTS AND CIRCUMSTANCES TEST DESCRIBED IN  
SECTION 1.170A-9T(F)(3) OF THE TREASURY REGULATIONS. SPECIFICALLY, A  
SMALL NUMBER OF DONORS DO NOT CONTROL NCPTUP; RATHER NCPTUP IS A  
GROWING INSTITUTION THAT BEARS MANY OF THE INDICIA OF A "PUBLICLY  
SUPPORTED" ORGANIZATION, INCLUDING PUBLIC SUPPORT FROM A WIDE  
CROSS-SECTION OF DONORS, WITH A REPRESENTATIVE GOVERNING BODY.  
MOREOVER, NCPTUP IS CONTINUING TO SEEK NEW SOURCES OF SUPPORT FROM THE  
GENERAL PUBLIC AS WELL AS OTHER ORGANIZATIONS. ACCORDINGLY, NCPTUP  
QUALIFIES AS A "PUBLICLY SUPPORTED" ORGANIZATION DESCRIBED IN SECTION  
170(B)(1)(A)(VI).

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

Schedule O (Form 990) 2009

932211  
02-03-10

2009 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

| Asset No | Description             | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|----------|-------------------------|---------------|--------|------|---------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
|          | MACHINERY & EQUIPMENT   |               |        |      |         |                          |            |                    |                        |                          |                 |                        |
| 2        | COMPUTER EQUIPMENT      | VARIES        |        | .000 | 16      | 247,074.                 |            |                    | 247,074.               | 111,154.                 |                 | 41,625.                |
| 3        | FURNITURE AND EQUIPMENT | VARIES        |        | .000 | 16      | 198,054.                 |            |                    | 198,054.               | 180,635.                 |                 | 3,771.                 |
| 5        | LEASED EQUIPMENT        | VARIES        |        | .000 | 16      | 105,179.                 |            |                    | 105,179.               | <1,308.>                 |                 | 20,025.                |
|          | * 990 PAGE 10 TOTAL     |               |        |      |         |                          |            |                    |                        |                          |                 |                        |
|          | MACHINERY & EQUIPM      |               |        |      |         | 550,307.                 |            | 0.                 | 550,307.               | 290,481.                 | 0.              | 65,421.                |
|          | OTHER                   |               |        |      |         |                          |            |                    |                        |                          |                 |                        |
|          | LEASEHOLD               |               |        |      |         |                          |            |                    |                        |                          |                 |                        |
| 1        | IMPROVEMENTS            | VARIES        |        | .000 | 16      | 372,228.                 |            |                    | 372,228.               | 141,122.                 |                 | 45,080.                |
|          | WEBSITE DEVELOPMENT     | VARIES        |        | .000 | 16      | 838,951.                 |            |                    | 838,951.               | 29,227.                  |                 | 92,135.                |
| 4        | COSTS                   | VARIES        |        | .000 | 16      | 1211179.                 |            | 0.                 | 1211179.               | 170,349.                 | 0.              | 137,215.               |
|          | * 990 PAGE 10 TOTAL     |               |        |      |         |                          |            | 0.                 |                        |                          |                 |                        |
|          | OTHER                   |               |        |      |         | 1761486.                 |            | 0.                 | 1761486.               | 460,830.                 | 0.              | 202,636.               |
|          | * GRAND TOTAL 990       |               |        |      |         |                          |            |                    |                        |                          |                 |                        |
|          | PAGE 10 DEPR            |               |        |      |         |                          |            |                    |                        |                          |                 |                        |

928102  
06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

THE NATIONAL CAMPAIGN TO PREVENT  
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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

NCPTUP IS ELIGIBLE FOR A DETERMINATION OF PUBLIC SUPPORT UNDER THE FACTS AND CIRCUMSTANCES TEST BECAUSE IT MEETS THE TWO THRESHOLD REQUIREMENTS FOR CONSIDERATION. FIRST, THE PORTION OF NCPTUP'S SUPPORT THAT QUALIFIES AS ELIGIBLE PUBLIC SUPPORT IS APPROXIMATELY 20.64%, WHICH EXCEEDS THE 10% THRESHOLD REQUIRED UNDER TREASURY REGULATION SECTION 1.170A-9T(F)(3)(I). SECOND, NCPTUP'S OPERATIONS ENSURE THAT IT WILL CONTINUE TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT, AS REQUIRED BY TREASURY REGULATION SECTION 1.170A-9T(F)(3)(II). NCPTUP HAS AN ACTIVE FUNDRAISING PROGRAM TARGETING GOVERNMENT AGENCIES, INDIVIDUALS, PRIVATE FOUNDATIONS, AND FOR-PROFIT CORPORATIONS THAT SHARE ITS MISSION, THEREBY SATISFYING THE OTHER THRESHOLD REQUIREMENT FOR QUALIFYING AS PUBLICLY SUPPORTED UNDER THE FACTS AND CIRCUMSTANCES TEST.

**B. OTHER RELEVANT FACTORS**

IN DETERMINING WHETHER NCPTUP MEETS THE "FACTS AND CIRCUMSTANCES TEST," THE TREASURY REGULATIONS ALSO PROVIDE A LIST OF FACTORS THAT SERVE AS INDICIA OF WHETHER AN ORGANIZATION QUALIFIES AS "PUBLICLY SUPPORTED." THE HIGHER THE PERCENTAGE OF SUPPORT ABOVE THE 10% REQUIREMENT, THE LOWER THE ORGANIZATION'S BURDEN IN ESTABLISHING ITS PUBLICLY SUPPORTED NATURE WITH OTHER FACTORS. THESE ADDITIONAL FACTORS, DISCUSSED BELOW, PROVIDE FURTHER EVIDENCE THAT NCPTUP SATISFIES THE FACTS AND CIRCUMSTANCES TEST. BECAUSE NCPTUP'S PERCENTAGE OF SUPPORT IS 20.64%, NCPTUP HAS A LESSER BURDEN IN PROVING ITS PUBLICLY SUPPORTED NATURE THROUGH THESE FACTORS.

**1. SOURCES OF SUPPORT**

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

NCPTUP RECEIVES ITS PUBLIC SUPPORT FROM A WIDE VARIETY OF CONTRIBUTORS AND DOES NOT DEPEND ON A SINGLE FAMILY FOR CONTRIBUTIONS, TWO FACTS THAT PROVIDE FURTHER SUPPORT FOR NCPTUP'S QUALIFICATION AS A "PUBLICLY SUPPORTED" ENTITY. THESE DONORS INCLUDE NUMEROUS TAX-EXEMPT ENTITIES, A FOR-PROFIT CORPORATION, AND INDIVIDUALS. NCPTUP PLANS TO CONTINUE REACHING OUT TO NEW DONORS IN THE COMING YEARS AS IT HAS SINCE ITS INCEPTION.

IT SHOULD ALSO BE NOTED IN THE ANALYSIS OF SUPPORT THAT OVER THE PAST 4 YEARS NCPTUP HAS RECEIVED SIGNIFICANT DONATIONS FROM A SINGLE FOUNDATION DONOR THAT IS ONE OF THE WORLD'S LEADING PHILANTHROPIC ORGANIZATIONS AND WHOSE STATED MISSION IS TO "SOLVE SOCIAL AND ENVIRONMENTAL PROBLEMS". THESE LARGE DONATIONS FROM ONE DONOR ARE A SIGNIFICANT FACTOR IN THE DROP IN PERCENTAGE OF NCPTUP PUBLIC SUPPORT OVER THIS PERIOD. TO ILLUSTRATE, IF THE SIGNIFICANT DONATION WAS EXCLUDED FROM THE PUBLIC SUPPORT TEST, THE PERCENTAGE FOR 2008 AND 2009 WOULD BE 64.05% AND 66.14%, RESPECTIVELY. SINCE THIS DONATION DID NOT MEET THE QUALIFICATION OF AN UNUSUAL GRANT, THE PERCENTAGE FOR 2008 AND 2009 DECREASED TO 29.48% AND 20.64%, RESPECTIVELY. HOWEVER NCPTUP BELIEVES THAT AS THESE DONATIONS COME FROM AN ORGANIZATION THAT IS AN ACKNOWLEDGED INTERNATIONAL LEADER IN SOLVING SOCIAL PROBLEMS, THIS IS FURTHER SUPPORT AND INDICATION OF OUR QUALIFICATION AS A "PUBLICLY SUPPORTED" ENTITY.

**2. REPRESENTATIVE GOVERNING BODY**

THE REPRESENTATIVE NATURE OF AN ORGANIZATION'S GOVERNING BODY IS ALSO A FACTOR IN DETERMINING WHETHER IT QUALIFIES UNDER THE "FACTS AND CIRCUMSTANCES TEST." IN CONSIDERING WHETHER A BOARD IS REPRESENTATIVE,

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SUCH FACTORS AS THE MEMBERS' EXPERTISE IN THE RELEVANT FIELD, THEIR HISTORY OF LEADERSHIP IN THE COMMUNITY AND THEIR TRADITION OF PUBLIC SERVICE ARE RELEVANT. NCPTUP'S BOARD OF DIRECTORS INCLUDES A LARGE NUMBER OF INDIVIDUALS WITH EXCEPTIONAL BACKGROUNDS, EXPERIENCE AND EDUCATION. THE BOARD INCLUDES REPRESENTATION FROM UNIVERSITIES, COMMUNITIES, AND NONPROFIT LEADERS IN THE UNITED STATES, ALL WITH AN INTEREST IN IMPROVING THE LIVES AND FUTURE PROSPECTS OF CHILDREN AND FAMILIES; ACCORDINGLY, IT "REPRESENTS A BROAD CROSS-SECTION OF THE VIEWS AND INTERESTS OF THE COMMUNITIES NCPTUP SERVES." THE FOLLOWING INDIVIDUALS CURRENTLY SERVE ON NCPTUP'S BOARD OF DIRECTORS:

THE HONORABLE THOMAS H. KEAN - CHAIRMAN, THE ROBERT WOOD JOHNSON FOUNDATION

ISABEL V. SAWHILL, PHD - SENIOR FELLOW, ECONOMIC STUDIES, THE BROOKINGS INSTITUTION

ROBERT BLUM, MD, MPH, PHD - PROFESSOR AND CHAIR, JOHN HOPKINS UNIVERSITY

THOMAS S. CHAPPELL - SENIOR MANGER, GOODMAN & COMPANY, LLP

LINDA CHAVEZ - CHAIRMAN, CENTER FOR EQUAL OPPORTUNITY

VANESSA CULLINS, MD, PHD - VICE PRESIDENT FOR MEDICAL AFFAIRS, PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

SUSANNE DANIELS - MEDIA CONSULTANT

MARIA ECHAVESTE - SENIOR FELLOW, CENTER FOR AMERICAN PROGRESS

DAISY EXPOSITO-ULLA - CHAIRMAN AND CEO, D'EXPOSITO & PARTNERS

WILLIAM GALSTON, PHD, - SENIOR FELLOW, GOVERNANCE STUDIES, THE BROOKINGS INSTITUTION

RON HASKINS, PHD - SENIOR FELLOW, ECONOMIC STUDIES, THE BROOKINGS INSTITUTION

NANCY L. JOHNSON - SENIOR PUBLIC POLICY ADVISOR, BAKER, DONELSON, BEARMAN,

932024 02-08-10

Schedule A (Form 990 or 990-EZ) 2009

THE NATIONAL CAMPAIGN TO PREVENT  
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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

CALDWELL & BERKOWITZ, PC

JUDITH E. JONES - CLINICAL PROFESSOR, COLUMBIA UNIVERSITY

JODY GREENSTONE MILLER - PRESIDENT AND CEO, THE BUSINESS TALENT GROUP

REV. MICHAEL D. PLACE, STD - SENIOR VICE PRESIDENT, RESURRECTION HEALTH  
CARE

BRUCE ROSENBLUM - PRESIDENT, WARNER BROS. TELEVISION GROUP

DIANE ROWLAND, SCD - EXECUTIVE DIRECTOR, KAISER COMMISSION ON MEDICAID AND  
THE UNINSURED

VICTORIA P. SANT - PRESIDENT, THE SUMMIT FOUNDATION

SARA SEIMS, PHD - DIRECTOR, POPULATION PROGRAM, THE WILLIAM AND FLORA  
HEWLETT FOUNDATION

MATTHEW STAGNER, PHD, EXECUTIVE DIRECTOR, CHAPIN HALL AT THE UNIVERSITY OF  
CHICAGO

MARY C. TYDINGS - MANAGING DIRECTOR, RUSSELL REYNOLDS ASSOCIATES

ROLAND C. WARREN - PRESIDENT, NATIONAL FATHERHOOD INITIATIVES

STEPHEN A. WEISWASSER - PARTNER, COVINGTON & BURLING

GAIL R. WILENSKY, PHD, - SENIOR FELLOW, PROJECT HOPE

KIMBERLYDAWN WISDOM, MD - SURGEON GENERAL, STATE OF MICHIGAN, AND VICE  
PRESIDENT, COMMUNITY HEALTH, EDUCATION & WELLNESS

JUDY WOODRUFF - SENIOR CORRESPONDENT, PBS NEWS HOUR

3. PUBLIC PARTICIPATION IN PROGRAMS

UNDER SECTION 1.170A-9T(F)(VI)(C)(1) OF THE TREASURY REGULATIONS, ONE  
FACTOR INDICATING THAT AN ORGANIZATION QUALIFIES AS "PUBLICLY SUPPORTED"  
UNDER THE FACTS AND CIRCUMSTANCES TEST IS THAT "MEMBERS OF THE PUBLIC  
HAVING SPECIALIZED KNOWLEDGE OR EXPERTISE, PUBLIC OFFICIALS, OR CIVIC OR  
COMMUNITY LEADERS" PARTICIPATE IN, OR SPONSOR, THE ORGANIZATION'S

THE NATIONAL CAMPAIGN TO PREVENT  
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**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

PROGRAMS. AS DISCUSSED ABOVE, ALL OF NCPTUP'S DIRECTORS ARE EXPERTS AND LEADERS IN THE EDUCATIONAL FIELD. NCPTUP ALSO HAS ADVISORY COMMITTEES COMPRISED OF MORE THAN 75 PUBLIC MEMBERS THAT ADDRESS POLICY, RESEARCH, MEDIA, PERSONAL RESPONSIBILITY, DIVERSITY AND OTHER KEY ISSUES. IN ADDITION, NCPTUP REGULARLY PROVIDES ACCESS TO IMPORTANT RESEARCH STUDIES IN ITS FIELD TO THE GENERAL PUBLIC VIA MULTIPLE WEBSITES, PUBLICATIONS DISTRIBUTED IN UNIVERSITIES, COMMUNITY COLLEGES AND OTHER SCHOOLS AND PUBLIC INSTITUTIONS, PUBLICATIONS PROVIDED TO OUR STATE AND LOCAL AGENCY PARTNERS FOR DISTRIBUTION TO THEIR CONSTITUENTS, AND VIA CONFERENCES AND MEDIA EVENTS DESIGNED TO EDUCATE THE GENERAL PUBLIC ABOUT OUR RESEARCH FINDINGS, WHICH IS ANOTHER FACTOR THAT MAY BE CONSIDERED IN THE EVALUATION OF PUBLIC SUPPORT. NCPTUP'S WEBPAGES WERE VIEWED 8.4 MILLION TIMES AND NEARLY 1 MILLION PUBLICATIONS WERE SOLD, SENT OUT GRATIS, OR DOWNLOADED FROM WEBSITES. (CONTINUED ON SCHEDULE O, PAGE 46)