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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Teens Alone Inc	D Employer identification number 41-1689632
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 915 Mainstreet	E Telephone number (952) 988-4942
		City or town, state or country, and ZIP + 4 Hopkins, MN 55343	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ teensalone.org
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(3) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 354,266

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

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

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,456	22 98,981
23 Land and buildings		23
24 Other assets (describe ▶)	171,023	24 137,205
25 Total assets	271,479	25 236,186
26 Total liabilities (describe ▶)	90,130	26 66,483
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,349	27 169,703

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
<p>What is the organization's primary exempt purpose? to facilitate change and impact communities by supporting teens and their families through supportive counseling, crisis, referral and youth homelessness prevention services Our vision is to develop communities where young people and their families are ensured of all resources to thrive and be connected</p> <p>Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p> <p>28 Teens Alone provides individual counseling, prevention groups, and homeless youth advocacy services that are tailored to the specific needs of teens in the west suburbs We serve a population that is disproportionately uninsured (84%) and of color (53%), but all teens in crisis are welcomed and encouraged to use our services Most Teens Alone clients are referred by school staff (teachers, social workers) that become aware that something is wrong, or by teens themselves who call our counseling line or "walk in" for services Occasionally, clients are referred by parents or police officers Teens Alone provides rapid follow-up (within one business day) to explore and address each teen's specific needs Services include Free and confidential teen and family counseling Teens Alone's counselors and case manager work with teens and, whenever possible, their families to identify problems, draw on strengths, and build skills and solutions together Services are completely free and are provided in home and school settings (plus an occasional coffee shop) Our counselors' expertise and specialization in providing practical, problem-solving counseling services specifically for teens are a real benefit Problems addressed may run the gamut from basic teen-parent conflicts (often complicated by divorce or deficits in interpersonal skills) to more involved issues such as chemical use, abuse and neglect, sexual orientation, situational depression and anxiety, mental illness, truancy, delinquency, and runaway Counseling services are tailored to individual needs and may ebb and flow over time They provide a reliable adult presence in the teen's life as well as a resource for both teens and parents to improve their coping mechanisms and resilience Counselors may also refer the teen or family to other agencies and services that can help them build a strong self, family and home In 2009-2010, Teens Alone fielded more than 500 crisis calls and walk-ins and provided individual counseling to 249 teens and 71 family members School-based prevention groups for high-risk teens Teens Alone counselors facilitate school-based prevention groups that serve students with similar situational needs, including homelessness, chemical health issues, cultural challenges, GLBTQ, and others School staff identify both the types of needs and the specific students who could benefit from a support group setting Teens Alone counselors then work collaboratively with teens to develop weekly discussions and activities By participating in prevention groups, students who might otherwise be at high risk for homelessness or dropping out of school receive both peer support and skill-building opportunities that can help them build resilience Teens Alone facilitated approximately 150 group sessions with an average of ten youth in each session Homeless Youth Advocacy Teens Alone counseling services help the majority of homeless or imminently homeless teens reconcile with their families and live safely at home When this is not possible (either short-term or long-term) due to abuse, neglect, or irreconcilable conflicts, Teens Alone provides a case manager and advocacy to help homeless teens find a safe and stable place to live Staff work collaboratively with the teen and any family or friends to help identify stable options (relative's or friend's home, foster care, youth homeless shelter, youth transitional housing) This individualized care is particularly needed because of critical deficits in youth shelter and housing capacity (there are only 48 youth shelter beds in all of Hennepin County, and hundreds of youth- two out of every three who seek shelter - are turned away each year) Last year, Teens Alone helped stabilize housing (with family in 95% of cases) for almost 150 homeless or imminently homeless youth Community Capacity Building Teens Alone works to improve community capacity to serve teens in need, particularly homeless youth An annual Homeless Youth Summit (fifty teens attended October's homeless youth sleep out), teen-led outreach and education efforts, collaborative planning through the West Metro Homeless Youth Task Force, and continuous partnership development with schools, police, and other youth-serving agencies help improve our community's response to teens in crisis and in need Current projects include starting a host home program for homeless teens We continue to review our need assessments, cost estimates, and partnership development to examine the feasibility of west suburban youth housing options Just as Teens Alone was born as a community response to an unmet need, these new capacity-building projects seek to generate a creative community response to the needs of homeless teens today Teens and family member both report that Teens Alone was effective in responding to their needs Results (tracked via telephone follow-up by an evaluator after case closing) indicate the following 97% of teens and families said their Teens Alone counselor returned calls by the next business day 80% of teens and families reported Teens Alone counselors helped them learn different ways to resolve family problems 88% of teens and families reported an improvement in family relationships 97% of teens unified or reunified with their families and were able to live at home safely 47% of teens and families rated services excellent and 45% rated services as good 100% of school referrers said they would use Teens Alone again</p>			
(Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	282,116
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	282,116

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="checkbox"/> 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0			
d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> 0			
e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> MN			
42a	The organization's books are in care of <input type="checkbox"/> The Organization Telephone no <input type="checkbox"/> (952) 988-4942 915 Mainstreet Located at <input type="checkbox"/> Hopkins, MN ZIP + 4 <input type="checkbox"/> 55343			
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43			
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

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

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

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

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

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

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

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

Please Sign Here

Signature of officer: ***** Date: 2011-01-10

Type or print name and title: Lydia Kihm Executive Director

Paid Preparer's Use Only

Preparer's signature: _____ Date: 2011-01-10

Check if self-employed:

Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: Sherry D Heffernan Ltd, 6650 Horseshoe Bend Dr, Corcoran, MN 55340

EIN: _____

Phone no: (763) 478-6518

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Teens Alone Inc

Employer identification number

41-1689632

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.")	354,758	262,524	500,848	336,245	354,245	1,808,620
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				13,695	27,024	40,719
4 Total. Add lines 1 through 3	354,758	262,524	500,848	349,940	381,269	1,849,339
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)						381,128
6 Public Support. Subtract line 5 from line 4						1,468,211

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	354,758	3,999	500,848	349,940	381,269	1,849,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,326	3,999	4,219	1,272	21	11,837
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		3,220	4,974	4,037		12,231
11 Total support (Add lines 7 through 10)						1,873,407

12 Gross receipts from related activities, etc (See instructions)

12	
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13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**
Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	78 370 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	80 400 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

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

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

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income Miscellaneous

TY 2009 Other Assets Schedule

Name: Teens Alone Inc

EIN: 41-1689632

Description	Beginning of Year Amount	End of Year Amount
Promises to give	147,064	99,000
Grants receivable	23,959	36,690
Prepaid expenses	0	1,515

TY 2009 Other Expenses Schedule**Name:** Teens Alone Inc**EIN:** 41-1689632

Description	Amount
Office expenses	15,160
Insurance	3,063
Miscellaneous	5,349
Travel	1,865

TY 2009 Other Liabilities Schedule**Name:** Teens Alone Inc**EIN:** 41-1689632

Description	Beginning of Year Amount	End of Year Amount
Accounts payable and accrued expenses	39,375	10,928
Retirement plan accrual	50,755	55,555

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Teens Alone Inc

EIN: 41-1689632

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Additional Data

Software ID:
Software Version:
EIN: 41-1689632
Name: Teens Alone Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Keri Clifton 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Dana Brewer 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Quinette Cook 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Sarabeth deNeui 915 Mainstreet Hopkins, MN 55343	Director and Chair 1 00	0	0	0
Heidi Horsch 915 Mainstreet Hopkins, MN 55343	Director and Treasurer 1 00	0	0	0
Peg Keenan 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Joanne Finnegan 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Kelsey Goodlund 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Dave Rittenhouse 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Randy Thompson 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Deb Ukura 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Gail Youtsos 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Lydia Kihm 915 Mainstreet Hopkins, MN 55343	Executive Director 40 00	61,464	4,800	0
Marilyn Larson 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Madeline Mcdonnell 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Murali Radhakrishnan 915 Mainstreet Hopkins, MN 55343	Director 1 00	0	0	0
Patrik Ronnings 915 Mainstreet Hopkins, MN 55343	Director, Vice-Pres & Chair 1 00	0	0	0