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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: TEENS ALONE INC
 Doing Business As:
 Number and street (or P O box if mail is not delivered to street address): 915 MAINSTREET
 Room/suite:
 City or town, state or country, and ZIP + 4: HOPKINS, MN 55343

D Employer identification number: 41-1689632

E Telephone number: (952) 988-4056

F Name and address of principal officer: LYDIA KIHM, 915 MAINSTREET, HOPKINS, MN 55343

G Gross receipts \$ 444,190

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) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ TEENSALONE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990

M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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			
	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)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	10	
	6	Total number of volunteers (estimate if necessary)	25	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	310,426	434,224
	9	Program service revenue (Part VIII, line 2g)		9,167
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	236	799
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	310,662	444,190
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	281,182	293,854
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		8,744
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶45,181		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,711	68,169
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	357,893	370,767	
19	Revenue less expenses Subtract line 18 from line 12	-47,231	73,423	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	198,645	273,591
	21	Total liabilities (Part X, line 26)	71,968	73,491
	22	Net assets or fund balances Subtract line 21 from line 20	126,677	200,100

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

Signature of officer: *****
 Date: 2013-11-12

LYDIA KIHM EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Preparer's name: SHERRY D HEFFERNAN LTD
 Preparer's signature: _____
 Date: 2014-01-06
 Check if self-employed
 PTIN: _____
 Firm's name: SHERRY D HEFFERNAN LTD
 Firm's EIN: _____
 Firm's address: 6650 HORSESHOE BEND DR
 Phone no: (763) 478-6518
 CORCORAN, MN 553409549

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 253,072 including grants of \$) (Revenue \$ 9,167)

TEENS ALONE HAS THE GOAL OF MAKING SURE THAT WEST SUBURBAN YOUNG PEOPLE ARE NOT ALONE WITH PROBLEMS AROUND FAMILY, MENTAL HEALTH, MARGINALIZATION, AND HOMELESSNESS WE PROVIDE INDIVIDUAL COUNSELING, PREVENTION GROUPS, AND HOMELESS YOUTH CASE MANAGEMENT SERVICES THAT ARE TAILORED TO THE SPECIFIC NEEDS OF TEENS AND YOUNG ADULTS IN THE WEST METRO SUBURBS WE SERVE A POPULATION THAT IS 85% UNINSURED OR UNDERINSURED AND OF COLOR (44%) MOST TEENS ALONE CLIENTS ARE REFERRED BY CARING SCHOOL STAFF (TEACHERS, SOCIAL WORKERS) WHO BECOME AWARE THAT SOMETHING IS WRONG, OR BY YOUNG PEOPLE THEMSELVES WHO CALL OUR COUNSELING LINE OR "WALK IN" FOR SERVICES OCCASIONALLY, YOUTH ARE REFERRED BY PARENTS OR POLICE OFFICERS TEENS ALONE PROVIDES RAPID FOLLOW-UP (WITHIN ONE BUSINESS DAY) TO EXPLORE AND ADDRESS EACH YOUNG PERSON'S SPECIFIC NEEDS SERVICES INCLUDE YOUTH 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 THE RESPONSE IS IMMEDIATE WITH ALL CALLS RETURNED WITHIN ONE BUSINESS DAY SERVICES ARE COMPLETELY FREE AND ARE PROVIDED IN HOME, IN SCHOOL, AT THE TEENS ALONE OFFICE AND AN OCCASIONAL COFFEE SHOP OUR COUNSELORS' EXPERTISE AND SPECIALIZATION IN PROVIDING PRACTICAL, PROBLEM-SOLVING COUNSELING SERVICES SPECIFICALLY FOR YOUNG PEOPLE 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 RUNNING AWAY 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 A BILINGUAL COUNSELOR AND INTERN MEET THE HIGH DEMAND FOR COUNSELING SERVICES IN SPANISH TEENS ALONE FIELDLED MORE THAN 600 CRISIS CALLS AND WALK-INS AND PROVIDED ONGOING INDIVIDUAL COUNSELING TO 223 UNDUPLICATED YOUNG PEOPLE AND 68 PARENTS PREVENTION GROUPS SCHOOL-BASED COUNSELING GROUPS FOR STUDENTS WITH SIMILAR SITUATIONAL NEEDS HELP TEENS COPE WITH SPECIFIC PROBLEMS AND FIND PEER SUPPORT THESE GROUPS PROVIDE VITAL SUPPORT, CONNECTION AND EMPOWERMENT FOR TEENS WHO OFTEN ARE MARGINALIZED IN SUBURBAN SCHOOLS THIS YEAR TEENS ALONE HAS THREE LATINA GROUPS FACILITATED BY A BILINGUAL COUNSELOR GIRLS ASK FOR SUPPORT AROUND WHAT IT'S LIKE TO BE THE CULTURAL LIAISON AND INTERPRETER FOR THEIR PARENTS, STAYING IN SCHOOL, AVOIDING EARLY PREGNANCIES AND GANG INVOLVEMENT, PLANNING AND FINANCING POST-SECONDARY EDUCATION, AND SETTING CAREER GOALS THE GIRLS HAVE STARTED A DANCE TROUPE AND FORMED A TIGHT GROUP TOGETHER WITH TEENS ALONE STAFF A HENNEPIN COUNTY PROGRAM STAFFER SAID, "TEENS ALONE IS THE ONLY GAME IN THE WESTERN SUBURBS FOR HISPANIC YOUTH " TEENS ALONE IS ALSO OPERATING A GLBTQ GROUP AND TWO CHEMICAL HEALTH GROUPS THIS YEAR ALL OF THESE GROUPS ARE STARTED EITHER AT THE REQUEST OF YOUNG PEOPLE OR SCHOOL PERSONNEL THEY HELP SUBURBAN YOUNG PEOPLE WHO MIGHT OTHERWISE FEEL ISOLATED AND MARGINALIZED DEVELOP A STRONGER SENSE OF IDENTITY, SUPPORT AND EMPOWERMENT TEENS ALONE SERVED 100 YOUTH THROUGH GROUPS HOMELESS YOUTH CASE MANAGEMENT TEENS ALONE COUNSELING SERVICES HELP THE MAJORITY OF HOMELESS OR IMMINENTLY HOMELESS YOUNG PEOPLE RECONCILE WITH THEIR FAMILIES AND LIVE SAFELY AT HOME WHEN THIS IS NOT POSSIBLE DUE TO ABUSE, NEGLECT, OR IRRECONCILABLE CONFLICTS, TEENS ALONE PROVIDES CASE MANAGEMENT TO HELP HOMELESS YOUNG PEOPLE 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, WHERE TWO OUT OF EVERY THREE TEENS IN THE METRO AREA WHO SEEK SHELTER ARE TURNED AWAY EACH YEAR TEENS ALONE HELPED STABILIZE HOUSING FOR 137 HOMELESS OR IMMINENTLY HOMELESS YOUTH SUBURBAN HOST HOME PROGRAM THE SUBURBAN HOST HOME PROGRAM IS A RELATIVELY NEW INITIATIVE OF TEENS ALONE, IN PARTNERSHIP WITH AVENUES FOR HOMELESS YOUTH IT RESPONDS TO THE LACK OF YOUTH SHELTER, TRANSITIONAL HOUSING, AND PERMANENT SUPPORTIVE HOUSING OPTIONS IN THE WEST SUBURBS UNDER THE SUBURBAN HOST HOME MODEL, CARING VOLUNTEERS OPEN THEIR HOMES TO HOMELESS YOUNG PEOPLE AGE 16-22 SO THAT THEY CAN COMPLETE THEIR EDUCATION AND TRANSITION INTO ADULT LIFE TEENS ALONE RECRUITS HOST HOME VOLUNTEERS, AVENUES TRAINS AND SUPPORTS HOSTS, AND TEENS ALONE PROVIDES ONGOING, INTENSIVE CASE MANAGEMENT TO THE YOUNG PEOPLE WE REFER SO FAR, THE SUBURBAN HOST HOME PROGRAM HAS SAFELY HOUSED THREE TEENS ALONE CLIENTS AND THE NEED FOR EXPANSION IS GREAT TEENS ALONE ALSO CONTINUES TO ADVOCATE AND TO CONVENE PARTNERS TO EXPAND SAFE HOUSING OPTIONS FOR HOMELESS YOUTH IN THE WEST METRO SUBURBS PROGRAM EVALUATION TEENS ALONE DEFINES SUCCESS AS HELPING YOUTH AND FAMILIES REDUCE CONFLICT, PREVENTING YOUTH HOMELESSNESS, AND SUPPORTING YOUTH WORKING TOWARDS THEIR EDUCATION AND LIFE GOALS TOOLS WE USE TO MEASURE AND TRACK THEIR PROGRESS AND SUCCESSFUL COMPLETION INCLUDE AN INTAKE ASSESSMENT, CASE PLAN, CUSTOM-DESIGNED DATABASE, SELF-SUFFICIENCY MATRIX, SELF-REPORT, ON-LINE OR PAPER SURVEY AND FEEDBACK FROM THEIR COLLATERAL OR REFERRAL SOURCE TEENS ALONE EVALUATES ITS IMPACT THROUGH A COMBINATION OF MEASURES RELATED TO YOUTH HOMELESSNESS AND POSITIVE YOUTH FUNCTIONING LAST YEAR, 91% OF TEENS ALONE CLIENTS AT RISK OF HOMELESSNESS WERE REUNIFIED WITH THEIR FAMILY WHEN THEIR CASE WAS CLOSED AND 96% WERE SAFELY SHELTERED TEENS ALONE ADMINISTERS A BI-ANNUAL SATISFACTION SURVEY TO APPROXIMATELY 65 SCHOOL PERSONNEL RESPONDENTS INDICATED THAT THERE ARE MANY THINGS THEY APPRECIATE ABOUT TEENS ALONE, INCLUDING "REGULAR PRESENCE IN OUR SCHOOLS, RESPONSIVENESS, MEANINGFUL INTERACTIONS, CONFIDENTIALITY AND COLLABORATION " SATISFACTION WITH TEENS ALONE WAS MEASURED ON 5 DIMENSIONS, USING A 5-POINT SCALE WHERE "5" WAS SET EQUAL TO "VERY SATISFIED " "OVERALL SERVICE WAS RATED 4 23 TEENS ALONE ALSO TRACKS DIRECT YOUTH IMPACTS VIA A YOUTH SURVEY CONDUCTED AT CASE CLOSE YOUTH WERE ASKED TO RATE THE FOLLOWING USING A 1 - 5 SCALE, 1 BEING "VERY DISSATISFIED AND 5 BEING "VERY SATISFIED " FOLLOWING ARE CLOSE-ENDED RESPONSES RATING AVERAGE 1 TEENS ALONE HELPED ME LEARN SKILLS TO OVERCOME THINGS I STRUGGLE WITH IN SCHOOL 4 43 2 TEENS ALONE HELPED ME TO ACHIEVE MY SCHOOL GOALS 3 87 3 TEENS ALONE HELPED ME IDENTIFY PEOPLE AVAILABLE AT SCHOOL AND IN MY COMMUNITY TO HELP WITH MY FUTURE EDUCATIONAL GOALS 4 15 4 TEENS ALONE HELPED ME TO STAY IN SCHOOL 3 83 5 AS A RESULT OF THE CHANGES I'VE MADE AT SCHOOL THINGS HAVE IMPROVED AT HOME 3 69 6 TEENS ALONE HELPED ME EXPLORE MY HOUSING OPTIONS AND TO IDENTIFY RESOURCES TO IMPROVE MY LIVING SITUATION 3 93 7 TEENS ALONE HELPED ME TO GAIN A SENSE OF CONNECTION WITH A SUPPORTIVE COMMUNITY 4 00 8 TEENS ALONE HELPED ME DEVELOP SKILLS TO OBTAIN AND/OR MAINTAIN SAFE HOUSING 3 81 9 AT THE END OF MY WORK WITH TEENS ALONE, I AM LIVING IN STABLE AND SAFE HOUSING OR SHELTER 4 36 10 TEENS ALONE SERVICES KEPT ME FROM RUNNING AWAY 4 60 11 AS A RESULT OF WORKING WITH TEENS ALONE I CAN IDENTIFY AND UTILIZE AT LEAST THREE PERSONAL STRENGTHS 4 19 12 TEENS ALONE HELPED ME DEVELOP A POSITIVE SENSE OF SELF 3 88 13 TEENS ALONE HELPED ME TO CREATE AND MAINTAIN HEALTHY, SUPPORTIVE RELATIONSHIPS 4 25 14 TEENS ALONE HELPED ME LEARN NEW SKILLS TO RESIST NEGATIVE INFLUENCES IN MY COMMUNITY 4 13 15 MY OUTLOOK ON LIFE IMPROVED AS A RESULT OF WORKING WITH TEENS ALONE 4 13 16 AFTER WORKING WITH TEENS ALONE THERE IS LESS FAMILY CONFLICT 3 75 17 AFTER WORKING WITH TEENS ALONE I LEARNED NEW SKILLS THAT HELPED IMPROVE MY RELATIONSHIPS WITH FAMILY MEMBERS 3 94 18 AFTER WORKING WITH TEENS ALONE MY FAMILY IS MORE LIKELY TO CONNECT WITH OUR COMMUNITY FOR RESOURCES AND SUPPORT 3 07 19 AFTER WORKING WITH TEENS ALONE I HAVE GREATER ABILITY TO STAND UP FOR MYSELF WITHIN MY FAMILY 4 33 20 AFTER WORKING WITH TEENS ALONE I HAVE A BETTER UNDERSTANDING OF MY ROLE WITHIN MY FAMILY 4 47 BY MEASURING DIRECT IMPACTS ON TEENS, TEENS ALONE CAN ENSURE ITS SERVICES ARE RESPONDING EFFECTIVELY TO THE NEEDS OF SUBURBAN TEENS FOR THESE INDICATORS, WHICH ARE SO CRITICAL TO THEIR SCHOOL SUCCESS, SAFE HOUSING, HEALTHY DEVELOPMENT AND OUTCOMES AS ADULTS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 253,072

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 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> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c 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> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 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, Parts II and IV</i>		No
16 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, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 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>		No
19 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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22	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>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a	No
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>	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed **▶MN**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶THE ORGANIZATION 915 MAIN STREET HOPKINS, MN (952) 988-4942

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or 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 parts VII in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN ALM DIRECTOR/TRE	1 00	X		X				0	0	0
(2) KERI CLIFTON DIRECTOR	1 00	X						0	0	0
(3) KARI FOX DIRECTOR	1 00	X						0	0	0
(4) LISA WALKER HSD DIRECTOR	1 00	X						0	0	0
(5) DELANA BRINKMAN DIRECTOR	1 00	X						0	0	0
(6) ANGELA BERNHARDT DIRECTOR THR	1 00	X						0	0	0
(7) PEG KEENAN DIRECTOR/CHA	1 00	X		X				0	0	0
(8) MARILYN LARSON DIRECTOR	1 00	X						0	0	0
(9) JEFF STITT DIRECTOR	1 00	X						0	0	0
(10) DAVE RITTENHOUSE DIRECTOR TO	1 00	X						0	0	0
(11) MOIRA LINDQUIST DIRECTOR THR	1 00	X						0	0	0
(12) JAN EVANS DIRECTOR	1 00	X						0	0	0
(13) JEANNE PEPPEL DIRECTOR	1 00	X						0	0	0
(14) CARLY COATES DIRECTOR	1 00	X						0	0	0
(15) LYDIA KIHM EXECUTIVE DI	40 00			X				71,406	0	16,525

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____ 149,886					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 284,338					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	434,224				
Program Service Revenue	2a PROGRAM SERVICES _____ Business Code 624100	9,167	9,167			
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶	9,167				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	799			799	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	444,190	9,167		799		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	87,932	43,966	21,983	21,983
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.	152,642	136,008	12,214	4,420
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,446	4,074	774	598
9	Other employee benefits.	28,549	21,358	4,058	3,133
10	Payroll taxes.	19,285	13,190	3,245	2,850
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	5,174		5,174	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	8,744			8,744
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,381	7,862	18,099	1,420
12	Advertising and promotion.				
13	Office expenses.	15,072	12,912	1,040	1,120
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.	5,501	4,952	275	274
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,063	1,815	227	21
23	Insurance.	7,754	4,944	2,192	618
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS	5,224	1,991	3,233	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	370,767	253,072	72,514	45,181
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	24,772	1	35,269
	2 Savings and temporary cash investments	106,177	2	218,968
	3 Pledges and grants receivable, net	63,261	3	18,321
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,339	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,189		
	b Less accumulated depreciation	10b 5,156	3,096	10c 1,033
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	198,645	16	273,591	
Liabilities	17 Accounts payable and accrued expenses	71,968	17	73,491
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	71,968	26	73,491
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	91,251	27	198,181
	28 Temporarily restricted net assets	35,426	28	1,919
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	126,677	33	200,100	
34 Total liabilities and net assets/fund balances	198,645	34	273,591	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	444,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,767
3	Revenue less expenses Subtract line 2 from line 1	3	73,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,677
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	200,100

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	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	Yes	
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?		
3b	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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	336,245	354,245	366,416	310,426	434,224	1,801,556
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	349,940	381,269	366,416	310,426	434,224	1,842,275
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)						151,648
6 Public support. Subtract line 5 from line 4						1,690,627

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	349,940	381,269	366,416	310,426	434,224	1,842,275
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,272	21	17	236	799	2,345
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)						
11 Total support (Add lines 7 through 10)						1,844,620
12 Gross receipts from related activities, etc (see instructions)					12	9,167
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	91 650 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	83 640 %
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization TEENS ALONE INC

Employer identification number

41-1689632

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a list of questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Description of conservation easement questions 1-9 and a sub-table for 'Held at the End of the Year' with rows 2a-2d.

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.

Table with 2 columns: Description of art collection questions 1a-2 and corresponding revenue/asset amounts.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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 the 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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 current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(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				
d Equipment				
e Other		6,189	5,156	1,033
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,033

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS EVALUATED ITS POTENTIAL EXPOSURE FOR UNCERTAIN TAX POSITIONS AND MANAGEMENT HAS EXPRESSED THERE ARE NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2013. TAX RETURNS FOR THE PAST THREE TAX YEARS REMAIN OPEN FOR EXAMINATION BY TAX JURISDICTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization TEENS ALONE INC	Employer identification number 41-1689632
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	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
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	EACH YOUNG PERSON'S SPECIFIC NEEDS. SERVICES INCLUDE YOUTH 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. THE RESPONSE IS IMMEDIATE WITH ALL CALLS RETURNED WITHIN ONE BUSINESS DAY. SERVICES ARE COMPLETELY FREE AND ARE PROVIDED IN HOME, IN SCHOOL, AT THE TEENS ALONE OFFICE AND AN OCCASIONAL COFFEE SHOP. OUR COUNSELORS' EXPERTISE AND SPECIALIZATION IN PROVIDING PRACTICAL, PROBLEM-SOLVING COUNSELING SERVICES SPECIFICALLY FOR YOUNG PEOPLE 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 RUNNING AWAY. COUNSELING SERVICES ARE TAILORED TO INDIVIDUAL NEEDS AND MAY EBB AND FLOW OVER TIME. THEY PROVIDE A RELIABLE ADULT PRESENCE IN THE TEENS 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. A BILINGUAL COUNSELOR AND INTERN MEET THE HIGH DEMAND FOR COUNSELING SERVICES IN SPANISH. TEENS ALONE FIELDING MORE THAN 600 CRISIS CALLS AND WALK-INS AND PROVIDED ONGOING INDIVIDUAL COUNSELING TO 223 UNDUPLICATED YOUNG PEOPLE AND 68 PARENTS. PREVENTION GROUPS. SCHOOL-BASED COUNSELING GROUPS FOR STUDENTS WITH SIMILAR SITUATIONAL NEEDS HELP TEENS COPE WITH SPECIFIC PROBLEMS AND FIND PEER SUPPORT. THESE GROUPS PROVIDE VITAL SUPPORT, CONNECTION AND EMPOWERMENT FOR TEENS WHO OFTEN ARE MARGINALIZED IN SUBURBAN SCHOOLS. THIS YEAR TEENS ALONE HAS THREE LATINA GROUPS FACILITATED BY A BILINGUAL COUNSELOR. GIRLS ASK FOR SUPPORT AROUND WHAT IT'S LIKE TO BE THE CULTURAL LIAISON AND INTERPRETER FOR THEIR PARENTS, STAYING IN SCHOOL, AVOIDING EARLY PREGNANCIES AND GANG INVOLVEMENT, PLANNING AND FINANCING POST-SECONDARY EDUCATION, AND SETTING CAREER GOALS. THE GIRLS HAVE STARTED A DANCE TROUPE AND FORMED A TIGHT GROUP TOGETHER WITH TEENS ALONE STAFF. A HENNEPIN COUNTY PROGRAM STAFFER SAID, "TEENS ALONE IS THE ONLY GAME IN THE WESTERN SUBURBS FOR HISPANIC YOUTH." TEENS ALONE IS ALSO OPERATING A GLBTQ GROUP AND TWO CHEMICAL HEALTH GROUPS THIS YEAR. ALL OF THESE GROUPS ARE STARTED EITHER AT THE REQUEST OF YOUNG PEOPLE OR SCHOOL PERSONNEL. THEY HELP SUBURBAN YOUNG PEOPLE WHO MIGHT OTHERWISE FEEL ISOLATED AND MARGINALIZED DEVELOP A STRONGER SENSE OF IDENTITY, SUPPORT AND EMPOWERMENT. TEENS ALONE SERVED 100 YOUTH THROUGH GROUPS. HOMELESS YOUTH CASE MANAGEMENT. TEENS ALONE COUNSELING SERVICES HELP THE MAJORITY OF HOMELESS OR IMMINENTLY HOMELESS YOUNG PEOPLE RECONCILE WITH THEIR FAMILIES AND LIVE SAFELY AT HOME. WHEN THIS IS NOT POSSIBLE DUE TO ABUSE, NEGLECT, OR IRRECONCILABLE CONFLICTS, TEENS ALONE PROVIDES CASE MANAGEMENT TO HELP HOMELESS YOUNG PEOPLE FIND A SAFE AND STABLE PLACE TO LIVE. STAFF WORK COLLABORATIVELY WITH THE TEEN AND ANY FAMILY OR FRIENDS TO HELP IDENTIFY STABLE OPTIONS (RELATIVES OR FRIENDS 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, WHERE TWO OUT OF EVERY THREE TEENS IN THE METRO AREA WHO SEEK SHELTER ARE TURNED AWAY EACH YEAR. TEENS ALONE HELPED STABILIZE HOUSING FOR 137 HOMELESS OR IMMINENTLY HOMELESS YOUTH. SUBURBAN HOST HOME PROGRAM. THE SUBURBAN HOST HOME PROGRAM IS A RELATIVELY NEW INITIATIVE OF TEENS ALONE, IN PARTNERSHIP WITH AVENUES FOR HOMELESS YOUTH. IT RESPONDS TO THE LACK OF YOUTH SHELTER, TRANSITIONAL HOUSING, AND PERMANENT SUPPORTIVE HOUSING OPTIONS IN THE WEST SUBURBS. UNDER THE SUBURBAN HOST HOME MODEL, CARING VOLUNTEERS OPEN THEIR HOMES TO HOMELESS YOUNG PEOPLE AGE 16-22 SO THAT THEY CAN COMPLETE THEIR EDUCATION AND TRANSITION INTO ADULT LIFE. TEENS ALONE RECRUITS HOST HOME VOLUNTEERS, AVENUES TRAINS AND SUPPORTS HOSTS, AND TEENS ALONE PROVIDES ONGOING, INTENSIVE CASE MANAGEMENT TO THE YOUNG PEOPLE WE REFER. SO FAR, THE SUBURBAN HOST HOME PROGRAM HAS SAFELY HOUSED THREE TEENS ALONE CLIENTS AND THE NEED FOR EXPANSION IS GREAT. TEENS ALONE ALSO CONTINUES TO ADVOCATE AND TO CONVINCE PARTNERS TO EXPAND SAFE HOUSING OPTIONS FOR HOMELESS YOUTH IN THE WEST METRO SUBURBS. PROGRAM EVALUATION. TEENS ALONE DEFINES SUCCESS AS HELPING YOUTH AND FAMILIES REDUCE CONFLICT, PREVENTING YOUTH HOMELESSNESS, AND SUPPORTING YOUTH WORKING TOWARDS THEIR EDUCATION AND LIFE GOALS. TOOLS WE USE TO MEASURE AND TRACK THEIR PROGRESS AND SUCCESSFUL COMPLETION INCLUDE AN INTAKE ASSESSMENT, CASE PLAN, CUSTOM-DESIGNED DATABASE, SELF-SUFFICIENCY MATRIX, SELF-REPORT, ON-LINE OR PAPER SURVEY AND FEEDBACK FROM THEIR COLLATERAL OR REFERRAL SOURCE. TEENS ALONE EVALUATES ITS IMPACT THROUGH A COMBINATION OF MEASURES RELATED TO YOUTH HOMELESSNESS AND POSITIVE YOUTH FUNCTIONING. LAST YEAR, 91% OF TEENS ALONE CLIENTS AT RISK OF HOMELESSNESS WERE REUNIFIED WITH THEIR FAMILY WHEN THEIR CASE WAS CLOSED AND 96% WERE SAFELY SHELTERED. TEENS ALONE ADMINISTERS A BI-ANNUAL SATISFACTION SURVEY TO APPROXIMATELY 65 SCHOOL PERSONNEL. RESPONDENTS INDICATED THAT THERE ARE MANY THINGS THEY APPRECIATE ABOUT TEENS ALONE, INCLUDING "REGULAR PRESENCE IN OUR SCHOOLS, RESPONSIVENESS, MEANINGFUL INTERACTIONS, CONFIDENTIALITY AND COLLABORATION." SATISFACTION WITH TEENS ALONE WAS MEASURED ON 5 DIMENSIONS, USING A 5-POINT SCALE WHERE "5" WAS SET EQUAL TO "VERY SATISFIED." "OVERALL SERVICE WAS RATED 4.23. TEENS ALONE ALSO TRACKS DIRECT YOUTH IMPACTS VIA A YOUTH SURVEY CONDUCTED AT CASE CLOSE. YOUTH WERE ASKED TO RATE THE FOLLOWING USING A 1 - 5 SCALE, 1 BEING "VERY DISSATISFIED AND 5 BEING "VERY SATISFIED." FOLLOWING ARE CLOSE-ENDED RESPONSES. RATING AVERAGE: 1. TEENS ALONE HELPED ME LEARN SKILLS TO OVERCOME THINGS I STRUGGLE WITH IN SCHOOL. 4.43. 2. TEENS ALONE HELPED ME TO ACHIEVE MY SCHOOL GOALS. 3.87. 3. TEENS ALONE HELPED ME IDENTIFY PEOPLE AVAILABLE AT SCHOOL AND IN MY COMMUNITY TO HELP WITH MY FUTURE EDUCATIONAL GOALS. 4.15. 4. TEENS ALONE HELPED ME TO STAY IN SCHOOL. 3.83. 5. AS A RESULT OF THE CHANGES I'VE MADE AT SCHOOL THINGS HAVE IMPROVED AT HOME. 3.69. 6. TEENS ALONE HELPED ME EXPLORE MY HOUSING OPTIONS AND TO IDENTIFY RESOURCES TO IMPROVE MY LIVING SITUATION. 3.93. 7. TEENS ALONE HELPED ME TO GAIN A SENSE OF CONNECTION WITH A SUPPORTIVE COMMUNITY. 4.00. 8. TEENS ALONE HELPED ME DEVELOP SKILLS TO OBTAIN AND/OR MAINTAIN SAFE HOUSING. 3.81. 9. AT THE END OF MY WORK WITH TEENS ALONE, I AM LIVING IN STABLE AND SAFE HOUSING OR SHELTER. 4.36. 10. TEENS ALONE SERVICES KEPT ME FROM RUNNING AWAY. 4.60. 11. AS A RESULT OF WORKING WITH TEENS ALONE I CAN IDENTIFY AND UTILIZE AT LEAST THREE PERSONAL STRENGTHS. 4.19. 12. TEENS ALONE HELPED ME DEVELOP A POSITIVE SENSE OF SELF. 3.88. 13. TEENS ALONE HELPED ME TO CREATE AND MAINTAIN HEALTHY, SUPPORTIVE RELATIONSHIPS. 4.25. 14. TEENS ALONE HELPED ME LEARN NEW SKILLS TO RESIST NEGATIVE INFLUENCES IN MY COMMUNITY. 4.13. 15. MY OUTLOOK ON LIFE IMPROVED AS A RESULT OF WORKING WITH TEENS ALONE. 4.13. 16. AFTER WORKING WITH TEENS ALONE THERE IS LESS FAMILY CONFLICT. 3.75. 17. AFTER WORKING WITH TEENS ALONE I LEARNED NEW SKILLS THAT HELPED IMPROVE MY RELATIONSHIPS WITH FAMILY MEMBERS. 3.94. 18. AFTER WORKING WITH TEENS ALONE MY FAMILY IS MORE LIKELY TO CONNECT WITH OUR COMMUNITY FOR RESOURCES AND SUPPORT. 3.07. 19. AFTER WORKING WITH TEENS ALONE I HAVE GREATER ABILITY TO STAND UP FOR MYSELF WITHIN MY FAMILY. 4.33. 20. AFTER WORKING WITH TEENS ALONE I HAVE A BETTER UNDERSTANDING OF MY ROLE WITHIN MY FAMILY. 4.47. BY MEASURING DIRECT IMPACTS ON TEENS, TEENS ALONE CAN ENSURE ITS SERVICES ARE RESPONDING EFFECTIVELY TO THE NEEDS OF SUBURBAN TEENS FOR THESE INDICATORS, WHICH ARE SO CRITICAL TO THEIR SCHOOL SUCCESS, SAFE HOUSING, HEALTHY DEVELOPMENT AND OUTCOMES AS ADULTS.
DOCUMENTATION BY COMMITTEE	FORM 990, PAGE 6, PART VI, LINE 8B	THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WHICH HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS AUTHORIZES PREPARATION OF FORM 990 BY THE EXTERNAL ACCOUNTANT AND APPROVES IT AT A BOARD MEETING. IT WILL BE SIGNED BY AN OFFICER OF THE BOARD OR THE EXECUTIVE DIRECTOR.
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT THE FIRST BOARD MEETING OF THE FISCAL YEAR, ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM. THOSE FORMS ARE MONITORED AND DISCUSSED THROUGHOUT THE YEAR TO MAINTAIN COMPLIANCE WITH POLICY.
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE HOPKINS PUBLIC SCHOOL DISTRICT, AND THAT PROCESS IS MANAGED UNDER THE TERMS OF EMPLOYMENT IN THE COMMUNITY EDUCATION COORDINATOR HANDBOOK. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION ARRANGEMENT.
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS UPON REQUEST.

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return TEENS ALONE INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 41-1689632
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,063

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,063
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report