





**Part V Other Information (Note the statement requirement in General Instruction 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.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>G</b> 37a   0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b   N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a   N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b   N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>G</b> 0.; section 4912 <b>G</b> 0.; section 4955 <b>G</b> 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>G</b> 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. <b>G</b> 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed <b>G</b> CA		

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42a The books are in care of **G** TeenNow California Telephone no. **G** (408) 907-3904  
 Located at **G** P. O. Box 620644 San Diego CA ZIP + 4 **G** 92162

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

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

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

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 9

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

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

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

51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000.	G	

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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:   
 G \_\_\_\_\_ Date \_\_\_\_\_   
 Signature of officer   
 G \_\_\_\_\_   
 Type or print name and title.

Paid Preparer's Use Only:   
 Preparer's signature: G Steven J. Olds CPA Date \_\_\_\_\_   
 Check if self-employed: G  Preparer's Identifying Number (See instructions): P00032941   
 Firm's name (or yours if self-employed), address, and ZIP + 4: G Williams & Olds, CPA's   
 G 3100 Zinfandel Dr Suite 170   
 Rancho Cordova, CA 95670-6062   
 EIN: G 01-0560769   
 Phone no.: G (916) 858-1680

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

SCHEDULE A  
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

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

Name of the organization: **TeenNow Cal i forni a** Employer identification number: **51-0155986**

**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: (Please check only one organization.)

- 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

	Yes	No
(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? <b>11 g (i)</b>		
(ii) a family member of a person described in (i) above? <b>11 g (ii)</b>		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? <b>11 g (iii)</b>		

h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						
4 Total. Add lines 1-3. . . . .						
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). . . . .						
6 Public support. Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
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. . . . .						
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .						<input type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	%
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
b 33-1/3 support test ' 2007. 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 ' 2008. 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 ' 2007. 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .	10,884.	1,685.	11,900.	20,751.	315,255.	360,475.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .	85,351.	71,323.	74,858.	109,934.	76,933.	418,399.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
6 Total. Add lines 1-5 . . . . .	96,235.	73,008.	86,758.	130,685.	392,188.	778,874.
7a Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b . . . . .	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.) . . . . .						778,874.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .	96,235.	73,008.	86,758.	130,685.	392,188.	778,874.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	104.	272.	208.	160.	6,208.	6,952.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
c Add lines 10a and 10b . . . . .	104.	272.	208.	160.	6,208.	6,952.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0.
13 Total support. (add lns 9, 10c, 11, and 12.) . . . . .						785,826.

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

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	15	99.1 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	99.7 %

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	0.9 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	0.3 %

19a 33-1/3 support tests \* 2008. 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 . . . . . G

b 33-1/3 support tests \* 2007. If the organization did not check a box on line 14 or 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. . . . . G

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

**Part IV** 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)

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Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors  
G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

TeenNow Cal i forni a

Employer identification number

51-0155986

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(   3   ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

TeenNow California

51-0155986

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	California Wellness Foundation 6320 Canoga Ave, Ste 1700 Woodland Hills, CA 91367	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

TeenNow Cal i forni a

51-0155986

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	

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Name of organization

Employer identification number

TeenNow California

51-0155986

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) . . . . . G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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TeenNow California

51-0155986

5/06/09

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Statement 1  
Form 990-EZ, Part I, Line 8  
Other Revenue

Miscellaneous.....	Total	\$	5,358.
		\$	<u>5,358.</u>

Statement 2  
Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid

Class of Activity:	Scholarships		
Donee's Name:	Mayra Espino		
Donee's Address:	12662 1/2 8th Street Garden Grove, CA 92840		
Cash Amount Given:		\$	800.
Class of Activity:	Scholarships		
Donee's Name:	Crysol Zavala		
Donee's Address:	640 N. Hickory St, Apt B Escondido, CA 92025		
Cash Amount Given:		\$	300.
Class of Activity:	Scholarships		
Donee's Name:	Jessica Figueroa		
Donee's Address:	120 W. 12th Street Los Angeles, CA 90061		
Cash Amount Given:		\$	300.
Class of Activity:	Scholarships		
Donee's Name:	Reynalda Morfin		
Donee's Address:	2155 Lanai Ave. #133 San Jose, CA 95122		
Cash Amount Given:		\$	300.
Class of Activity:	Scholarships		
Donee's Name:	Brianna Temple		
Donee's Address:	22892 Springdale Dr. Moreno Valley, CA 92557		
Cash Amount Given:		\$	200.

Statement 3  
Form 990-EZ, Part I, Line 16  
Other Expenses

Bank fees.....	\$	5,231.
Board meetings.....		2,774.
Conferences, Conventions, and Meetings.....		72,302.
Depreciation.....		637.
Grant Writing Services.....		99.
Information Technology.....		395.
Insurance.....		1,576.
Marketing.....		7,334.
Office Expenses.....		2,005.
Registrations.....		150.
Travel.....		4,110.

TeenNow California

51-0155986

5/06/09

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Statement 3 (continued)  
Form 990-EZ, Part I, Line 16  
Other Expenses

Utilities and Telephone .....		\$	1,560.
	Total	\$	<u>98,173.</u>

Statement 4  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable .....	\$ 3,495.	\$ 500.
Furniture and Fixtures .....	0.	1,078.
Machinery and Equipment .....	0.	6,256.
	Total	Total
	<u>\$ 3,495.</u>	<u>\$ 7,834.</u>

Statement 5  
Form 990-EZ, Part II, Line 26  
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses .....	\$ 700.	\$ 11,869.
	Total	Total
	<u>\$ 700.</u>	<u>\$ 11,869.</u>

Statement 6  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose

TeenNow California is dedicated to promoting the health and well-being of expectant and parenting teenagers and their young children, and to the prevention of adolescent childbearing. Our goal is to raise public awareness of the policies and programs in California that provide services to adolescents.

Statement 7  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments

TeenNow California holds an annual conference for providers of services to teen pregnancy prevention programs and teen parent programs. In 2008, the conference was held in Irvine, CA, and drew over 250 people. The key note speakers were Dr. Douglas Kirby of ETR Associates, and Dr. Peter Alsop. The conference evaluations were very positive, and most attendees had a very positive experience. In addition we changed our name in 2008 to TeenNow California. With the capacity building grant we received from California Wellness Foundation, we began to build our infrastructure, including securing an office, buying equipment, and hiring a part-time staff person. We created a program for regional trainings that will be implemented in 2009, and we enhanced our scholarship program to high school seniors in California who are planning to further their education.

TeenNow California

51-0155986

5/06/09

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Statement 8  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Susie Law P. O. Box 620644 San Diego, CA 92162	Past President 2.00	\$ 0.	\$ 0.	\$ 0.
Brighton Ncube P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Micha Suarez P. O. Box 620644 San Diego, CA 92162	Sec/Treas 2.00	0.	0.	0.
Brian Hayes P. O. Box 620644 San Diego, CA 92162	Director 2.00	0.	0.	0.
Stephanie Smith P. O. Box 620644 San Diego, CA 92162	President 2.00	0.	0.	0.
Sue Simonson P. O. Box 620644 San Diego, CA 92162	Communicatn Dir 2.00	0.	0.	0.
Mitzi Inouye P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Joey Cox P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Dana Goodrow P. O. Box 620644 San Diego, CA 92162	Executive Di rec 40.00	55,000.	0.	0.
Jerri Sandell P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Cindy Hoffman P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Adriana Kimbriel P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.

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Statement 8 (continued)  
 Form 990-EZ, Part IV  
 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Laura Hoertling P.O. Box 620644 San Diego, CA 92162	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Holly Kreider P.O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Jennifer Barber P.O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Lynn Posey P.O. Box 620644 San Diego, CA 92162	Membershi p Di r 1.00	0.	0.	0.
Total		<u>\$ 55,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 9  
 Form 990-EZ, Part VI  
 Regarding Transfers Associated with Personal Benefit Contracts

DRAFT

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

**WILLIAMS & OLDS, CPA'S  
3100 ZINFANDEL DR SUITE 170  
RANCHO CORDOVA, CA 95670-6062  
(916) 858-1680**

May 6, 2009

Dana Goodrow  
TeenNow California  
PO Box 620644  
San Diego, CA 92162

Dear Dana:

Enclosed is your 2008 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2009 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Enclosed is your 2008 California Exempt Organization Annual Information Return. The original should be signed at the bottom of page one. There is a balance due of \$10 payable by May 15, 2009. Mail the California return on or before May 15, 2009 and make the check payable to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0701

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2009. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2009 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

Steven J. Olds CPA

TAXABLE YEAR **2008** California Exempt Organization Annual Information Return

FORM **199**

Calendar year 2008 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

A First Return Filed?  Yes  No B Type of organization Exempt under Section 23701 D (insert letter)  IRC Section 4947(a)(1) trust

Corporation/Organization Name **TEENNOW CALIFORNIA** Address **PO BOX 620644** City **SAN DIEGO, CA 92162** State \_\_\_\_\_ ZIP Code \_\_\_\_\_

FEIN **51-0155986**

C Amended Return?  Yes  No D Are you a subordinate/affiliate in a group exemption?  Yes  No

a Is this a group filing for affiliates? See General Instruction L.  Yes  No b If 'Yes,' enter the number of affiliates \_\_\_\_\_ c Are all affiliates included?  Yes  No

(If 'No,' attach a list. See instructions.) d Is this a separate return filed by an organization covered by a group ruling?  Yes  No

e Federal Group Exemption Number \_\_\_\_\_ f Is a roster of subordinates attached?  Yes  No

E Final return?  Dissolved @  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation)

If a box is checked, enter date \_\_\_\_\_ @ \_\_\_\_\_ F Check the box if the organization filed: 1 @  990T 2 @  990PF 3 @  990H

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used . . . 1  Cash 2  Accrual 3  Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. . . . . @  Yes  No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents. . . . . @  Yes  No

K Is the organization exempt under R&TC Section 23701g? @  Yes  No If 'Yes,' enter amount of gross receipts from nonmember sources. \$ \_\_\_\_\_

L Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . . @  Yes  No

M Is the organization a Limited Liability Corporation? . . . . . @  Yes  No

N Did the organization file Form 100 or Form 109 to report taxable income? . . . . . @  Yes  No

**Part I** Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	@ 1	83,141.
	2	Gross dues and assessments from members and affiliates.	@ 2	11,900.
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	@ 3	303,355.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	@ 4	398,396.
	5	Cost of goods sold.	@ 5	
	6	Cost or other basis, and sales expenses of assets sold.	@ 6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	@ 8	398,396.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	@ 9	165,093.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	@ 10	233,303.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments.	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	@ 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	10.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **G** Title \_\_\_\_\_ Date \_\_\_\_\_ @ Telephone (408) 907-3904

Preparer's signature **G** STEVEN J. OLDS CPA Date \_\_\_\_\_ Check if self-employed **G**  @ Preparer's SSN/PTIN P00032941

Firm's name (or yours, if self-employed) and address **G** WILLIAMS & OLDS, CPA'S 3100 ZINFANDEL DR SUITE 170 RANCHO CORDOVA, CA 95670-6062 @ FEIN 01-0560769 @ Telephone (916) 858-1680

May the FTB discuss this return with the preparer shown above? See instructions. @  Yes  No

**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts ' complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	@ 1	
	2	Interest	@ 2	6,208.
	3	Dividends	@ 3	
	4	Gross rents	@ 4	
	5	Gross royalties	@ 5	
	6	Gross amount received from sale of assets (See Instructions)	@ 6	
	7	Other income. Attach schedule . . . . . SEE STATEMENT. 1	@ 7	76,933.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	83,141.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . SEE STATEMENT. 2	@ 9	1,900.
	10	Disbursements to or for members.	@ 10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . SEE STATEMENT. 3	@ 11	55,000.
	12	Other salaries and wages	@ 12	4,433.
	13	Interest	@ 13	
	14	Taxes	@ 14	525.
	15	Rents	@ 15	3,500.
	16	Depreciation and depletion (See Instructions)	@ 16	637.
	17	Other. Attach schedule . . . . . SEE STATEMENT. 4	@ 17	99,098.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	165,093.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		89,623.		@ 329,756.
2	Net accounts receivable		3,495.		@ 500.
3	Net notes receivable. Attach schedule				@
4	Inventories				@
5	Federal and state government obligations				@
6	Investments in other bonds. Attach sch				@
7	Investments in stock. Attach schedule				@
8	Mortgage loans (number of loans _____)				@
9	Other investments. Attach schedule				@
10a	Depreciable assets			7,971.	
b	Less accumulated depreciation			637.	7,334.
11	Land				@
12	Other assets. Attach schedule				@
13	Total assets		93,118.		337,590.
<b>Liabilities and net worth</b>					
14	Accounts payable		700.		@ 11,869.
15	Contributions, gifts, or grants payable				@
16	Bonds and notes payable. Attach schedule				@
17	Mortgages payable				@
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund				@
20	Paid-in or capital surplus. Attach reconciliation				@
21	Retained earnings or income fund		92,418.		@ 325,721.
22	Total liabilities and net worth		93,118.		337,590.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books	@ 233,303.	7	Income recorded on books this year not included in this return.
2	Federal income tax	@		Attach schedule
3	Excess of capital losses over capital gains	@	8	Deductions in this return not charged against book income this year.
4	Income not recorded on books this year. Attach schedule	@		Attach schedule
5	Expenses recorded on books this year not deducted in this return. Attach schedule	@	9	Total. Add line 7 and line 8
6	Total		10	Net income per return.
	Add line 1 through line 5	233,303.		Subtract line 9 from line 6
				233,303.

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

California Copy  
Schedule of Contributors  
G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization

TeenNow California

Employer identification number

51-0155986

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

TeenNow California

51-0155986

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	California Wellness Foundation 6320 Canoga Ave, Ste 1700 Woodland Hills, CA 91367	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization

Employer identification number

TeenNow California

51-0155986

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A	\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	
_____		\$	

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Name of organization

Employer identification number

TeenNow Cal i forni a

51-0155986

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) . . . . . G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name <b>TEENNOW CALIFORNIA</b>	California corporation number <b>D-0717990</b>
---	---

**Part I Election to Expense Certain Property Under IRC Section 179**

1 Maximum deduction under Section 179 for California .....	1	\$25,000
2 Total cost of Section 179 property placed in service .....	2	
3 Threshold cost of Section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost) .....	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 prior taxable years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	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 2009. Add lines 9 and 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

14	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Deprecia- tion method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
	DANA'S OFFICE FU	8/01/08	330.		S/L	7	20.		
	2 DESKS, FILE CA	8/01/08	817.		S/L	7	49.		
	PRINTER/COPIER	8/01/08	400.		S/L	5	33.		
	COMPUTER/PHONE N	8/01/08	6,424.		S/L	5	535.		
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	637.	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	

**Part IV Amortization**

19	(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20	Total. Add the amounts in column (g) .....						20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12 .....						22	

5/06/09

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Statement 1  
Form 199, Part II, Line 7  
Other Income

Mi scel I aneous .....	\$	5, 358.
Program Servi ce Revenue .....		71, 575.
	Total	<u>\$ 76, 933.</u>

Statement 2  
Form 199, Part II, Line 9  
Contributions, Gifts, Grants, and Similar Amounts Paid

Cl ass of Acti vi ty:	Schol arshi ps	
Donee' s Name:	Mayra Espi no	
Donee' s Street Address:	12662 1/2 8th Street	
Donee' s Ci ty, State, ZIP:	Garden Grove, CA 92840	
Amount Gi ven:		\$ 800.
Cl ass of Acti vi ty:	Schol arshi ps	
Donee' s Name:	Crysol Zaval a	
Donee' s Street Address:	640 N. Hickory St, Apt B	
Donee' s Ci ty, State, ZIP:	Escondi do, CA 92025	
Amount Gi ven:		300.
Cl ass of Acti vi ty:	Schol arshi ps	
Donee' s Name:	Jessi ca Figueroa	
Donee' s Street Address:	120 W. 12th Street	
Donee' s Ci ty, State, ZIP:	Los Angeles, CA 90061	
Amount Gi ven:		300.
Cl ass of Acti vi ty:	Schol arshi ps	
Donee' s Name:	Reynal da Morfi n	
Donee' s Street Address:	2155 Lanai Ave. #133	
Donee' s Ci ty, State, ZIP:	San Jose, CA 95122	
Amount Gi ven:		300.
Cl ass of Acti vi ty:	Schol arshi ps	
Donee' s Name:	Bri anna Temple	
Donee' s Street Address:	22892 Springdale Dr.	
Donee' s Ci ty, State, ZIP:	Moreno Valley, CA 92557	
Amount Gi ven:		200.
	Total	<u>\$ 1, 900.</u>

TeenNow California

51-0155986

5/06/09

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Statement 3  
Form 199, Part II, Line 11  
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Susi e Law P. O. Box 620644 San Di ego, CA 92162	Past Presi dent 2.00	\$ 0.	\$ 0.	\$ 0.
Brighton Ncube P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.
Mi cha Suarez P. O. Box 620644 San Di ego, CA 92162	Sec/Treas 2.00	0.	0.	0.
Bri an Hayes P. O. Box 620644 San Di ego, CA 92162	Di rector 2.00	0.	0.	0.
Stephani e Smi th P. O. Box 620644 San Di ego, CA 92162	Presi dent 2.00	0.	0.	0.
Sue Si monson P. O. Box 620644 San Di ego, CA 92162	Communi catn Dir 2.00	0.	0.	0.
Mi tzi I nouye P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.
Joey Cox P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.
Dana Goodrow P. O. Box 620644 San Di ego, CA 92162	Executi ve Di rec 40.00	55,000.	0.	0.
Jerri Sandell P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.
Ci ndy Hoffman P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.
Adri ana Kimbri el P. O. Box 620644 San Di ego, CA 92162	Di rector 1.00	0.	0.	0.

TeenNow California

51-0155986

5/06/09

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Statement 3 (continued)  
Form 199, Part II, Line 11  
Compensation of Officers, Directors, and Trustees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Laura Hoertling P. O. Box 620644 San Diego, CA 92162	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Holly Kreider P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Jennifer Barber P. O. Box 620644 San Diego, CA 92162	Director 1.00	0.	0.	0.
Lynn Posey P. O. Box 620644 San Diego, CA 92162	Membershi p Di r 1.00	0.	0.	0.
Total		<u>\$ 55,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

DRAFT

Statement 4  
Form 199, Part II, Line 17  
Other Expenses

Accounting Fees.....	\$ 730.
Bank fees.....	5,231.
Board meetings.....	2,774.
Conferences, Conventions, and Meetings.....	72,302.
Grant Writing Services.....	99.
Information Technology.....	395.
Insurance.....	1,576.
Legal Fees.....	70.
Marketing.....	7,334.
Officer Expenses.....	2,005.
Postage and Shipping.....	105.
Printing and Publications.....	657.
Registrations.....	150.
Travel.....	4,110.
Utilities and Telephone.....	1,560.
Total	<u>\$ 99,098.</u>

IN  
 MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number _____  <b>TEENNOW CALIFORNIA</b> <small>Name of Organization</small> <b>PO BOX 620644</b> <small>Address (Number and Street)</small> <b>SAN DIEGO, CA 92162</b> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>D-0717990</u>  Federal Employer ID No. <u>51-0155986</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A ' ACTIVITIES**

For your most recent full accounting period (beginning 1/01/08 ending 12/31/08) list:  
 Gross annual revenue \$ 398,396. Total assets \$ 337,590.

**PART B ' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (408) 907-3904

Organization's e-mail address WWW.CACSAP.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
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