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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 10-01-2009, and ending 09-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ADOLESCENT WELLNESS
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 103 Old Colony Road
City or town, state or country, and ZIP + 4: Wellesley, MA 024812809

D Employer identification number: 20-3591894
E Telephone number: (781) 727-8617
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual Other (specify)

I Website: www.AdolescentWellness.org

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

J Tax-Exempt status (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 8,580

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 8,580. Expenses total: 11,102. Net Assets at end of year: 13,491.

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

(See the instructions for Part II)

Table with 7 rows for Balance Sheet items: Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances. Columns for (A) Beginning of year and (B) End of year.

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

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

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

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

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

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

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

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

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

Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date 2010-10-01

Robert Anthony Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 _____ Preparer's identifying number (See instructions) _____

EIN _____ Phone no _____

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ADOLESCENT WELLNESS

Employer identification number

20-3591894

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	4,600	13,876	14,573	8,580	41,629
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	0	4,600	13,876	14,573	8,580	41,629
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						41,629

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0		13,876	14,573	8,580	41,629
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	0	0	0			0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	0	0		0
11 Total support (Add lines 7 through 10)						41,629

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

12	
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13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**
Section C. Computation of Public Support Percentage
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))

14	
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15 Public Support Percentage for 2008 Schedule A, Part II, line 14

15	
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16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 20-3591894
Name: ADOLESCENT WELLNESS

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 Mood Disorders Programs Facilitated creation of AN ADOLESCENT MENTAL HEALTH & WELLNESS CURRICULUM A STARTER KIT FOR SCHOOLS Adolescent Wellness reviewed draft materials and formats, negotiated with printers, transferred proof materials between printer and editors This manual is available within our www AdolescentWellness org website This furthered our exempt purposes by making the manual widely available Copies of this manual have been received by schools in at least ten states (300 schools) (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0
<p>29 Mood Disorders Programs Facilitated the pilot of a Train The Trainer workshop for educators by reserving conference space, scheduling the professional facilitator and handling the reservations for participants As a result of this program service, the workshop has been adopted as a standard offering of the Northeastern University School Health Institute This activity furthers our exempt purposes by getting staff at many schools trained - and confident - in building resilience and how to refer for treatment those students with symptoms 100 school districts participated in training (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	0
<p>30 Mood Disorders Programs Assisted in creation of PREVENTING DEPRESSION A TOOL KIT FOR SCHOOLS, Adolescent Wellness reviewed draft materials and formats, negotiated with printers, and transferred proof materials between printer and editor Adolescent Wellness also assists wider distribution of the manual by promoting workshops based on the manual This manual is promoted through workshops and within our www AdolescentWellness org website This furthered our exempt purposes by increasing the number of schools implementing depression prevention activities and early referral Copies of this manual have been used in Massachusetts workshops for over 100 schools and have been selected for use in a national workshop during the 12th Annual Conference on Advancing Mental Health (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	0
<p>Mood Disorders Programs AWI assisted a pilot Parent Workshop series As a result of this pilot, a community wide series of parent workshops was delivered This activity furthers our exempt purposes by helping families understand their communication styles and resilience building opportunities with their adolescent 100 parents participated (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0
<p>Mood Disorders Programs Worked with libraries in Florida and Massachusetts to display books for young readers on depression in themselves or their families (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0
<p>Mood Disorders Programs Piloted a clergy workshop series to help clergy and lay leaders with referral and resilience building skills 7 congregations elected to continue with a second phase, deploying these skills with their respective youth groups (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		0
<p>Mood Disorders Programs Facilitated iGROW interfaith teen night series with 8 congregations The iGROW program is led by an interfaith coalition, clinicians, and peer leaders iGROW is grounded in Bronfenbrenner's social ecological model, and informed by evidence found in the Child Health and Social Ecology (CHASE) project, where researchers demonstrated youth can successfully impart knowledge to their community, promote open and effective communication and reduce stigma The peer leaders are volunteers from each congregation Using the structure of the CHASE project and the recommendations for best practices from the prevention literature, the programming follows a framework of four scaffolding modules The themes of each module are 1) building trust, community, and common voice, 2) understanding perspectives, 3) understanding and concept development focusing on specific mental health topics, 4) taking shared social action Peer leaders contribute by acting as liaisons in the community - sharing knowledge with peers, encouraging help seeking, and engaging community members to participate in iGROW This model highlights youth as a critical means of engaging members of the broader community to take part in mental health prevention efforts (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		954
<p>Mood Disorders Assisted in project titled 'Call For Art' asking community members to submit any art media with a sentence describing their mood at the time of working on the art and a sentence describing their mood upon completing the art ite Art and related text was displayed in the Wellesley College Club, the City of Somerville City Hall and the Somerville Museum The goal of the project was to increase mood awareness and language The exhibitions resulted in a broader conversation on mood and mood disorders contributing to the reduction of stigma This furthered our exempt purposes by expanding the conversation on mood and mood disorders with the general community (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		687
<p>Mood Disorders Programs Facilitated creation of peer mentoring manual for use by schools to train groups of 75 teen leaders in a single day Titled, HOW NOT TO KEEP A SECRET Adolescent Wellness collaborated with Youth Health Connections, reviewed draft materials and formats, negotiated with printers, and transferred proof materials between printer and editors The table of contents for this manual may be viewed at www AdolescentWellness org This furthered our exempt purposes by making the manual more widely available both within its original south shore region of Boston and beyond the state (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		493
<p>Mood Disorders Programs Assisted the use of a documentary, Break free From Depression, in safety assessment, integration with peer training, and piloting with depression awareness and prevention curricula This furthered our exempt purposes by making the documentary more widely available During piloting of the related curriculum in a single high school, over 20 students made self-referrals during the three classes (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		4,064
<p>Mood Disorders Programs assisted with low cost and high volume training training opportunities for non-physicians (e g Students, Clergy, Teachers, Parents, and Community Leaders) on signs and symptoms of depression and its comorbid disorders, such as Anxiety and Substance Abuse along with referral information This furthered our exempt purposes by simplifying the referral protocol and implemntation of prevention curricula for any interested community (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		4,904