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

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2007Open to Public
InspectionA For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

AGITARTE, INC

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

15 PLEASANT VIEW AVENUE

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

LYNN, MA 01902

D Employer identification number

04-3420465

E Telephone number

781-593-3329

F Group Exemption Number

▶

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **2.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8	Other revenue (describe INTEREST INCOME)	8	2.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	2.
10	Grants and similar amounts paid	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	464.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe FILING FEES)	16	
17	Total expenses. Add lines 10 through 16	17	464.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	<462.>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,877.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,415.

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

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,877.	1,415.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	1,877.	1,415.
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,877.	1,415.

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12-27-07

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

Form **990-EZ** (2007)

P 16ne

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 1**

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, or other relevant information for each program title.

28			
(Grants \$	) If this amount includes foreign grants, check here	☐	28a
29			
(Grants \$	) If this amount includes foreign grants, check here	☐	29a
30			
(Grants \$	) If this amount includes foreign grants, check here	☐	30a
31	Other program services (attach schedule)		
(Grants \$	) If this amount includes foreign grants, check here	☐	31a
32	Total program service expenses. Add lines 28a through 31a		32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 2				

Part V Other Information (Note the statement requirement in General Instruction V.)

Yes No

33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.	
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the 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	

Form 990-EZ (2007)

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 0.; section 4912 0.; section 4955 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," attach an explanation

	Yes	No
40b		X
40c		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.**d** Enter amount of tax on line 40c reimbursed by the organization 0.**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed. MA**42a** The books are in care of LISA M PORTSCHERTelephone no. 617-596-9080Located at 15 BRAEBURN ROAD, HYDE PARK, MAZIP + 4 02136**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)?

	Yes	No
42b		X
42c		X

If "Yes," enter the name of the foreign country: _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A**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 [Signature]Date 6.11.11Type or print name and title MARV ANNE HOPWOOD, PRESIDENT**Paid Preparer's Use Only**Preparer's signature James J. GalvinDate 03/18/11Check if self-employed ☒

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address and ZIP + 4

JAMES J. GALVIN, CPA
54 HARTFORD ST, SUITE 202
WESTWOOD, MA 02090EIN Phone no. 781-326-8855

Form 990-EZ (2007)

FORM 990-EZ	PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	1
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EXPLANATION

ATTRACT AND ENGAGE INNER CITY TEENAGERS AND YOUNG ADULTS IN ALL PHASES OF
THE ORGANIZATION AND PRODUCTION OF PERFORMING ARTS

FORM 990-EZ	PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
MARY ANNE HOPGOOD PO BOX 16005 - SAN JUAN, PR 00908	PRESIDENT 0.00	0.	0. 0.
MARY ANNE HOPGOOD PO BOX 16005 - SAN JUAN, PR 00908	TREASURER 0.00	0.	0. 0.
HERBERT FOX 15 PLEASANT VIEW AVE - LYNN, MA 01902	CLERK 0.00	0.	0. 0.
SUGEILY RODRIGUEZ LEBRON PO BOX 9020136 - SAN JUAN, PR 00902-0136	DIRECTOR 0.00	0.	0. 0.
SAULO COLON 811 BRONX RIVER ROAD, 3G - YONKERS, NY 10708	DIRECTOR 0.00	0.	0. 0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0. 0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO