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Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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 Department of the Treasury Open to Public Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements and ending JUN 30, 2010 For the 2009 calendar year, or tax year beginning 2009 JUL 1. heck if В D Employer identification number C Name of organization Please Address use IRS label or ]Name Change 04-3420465 AGITARTE, INC print or type Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 15 PLEASANT VIEW AVENUE Termin-Specific 781-593-3329 Instruc-Amended City or town, state or country, and ZIP + 4 F Group Exemption tions Application Dending 01902 Number > LYNN. MA G Accounting method: X Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check I if the organization is not Website: Tax-exempt status (check only one) -  $\times$  501(c) (3)  $\rightarrow$  (insert no.)  $\longrightarrow$  4947(a)(1) or 527 required to attach Schedule B (Form 990, 990 EZ, or 990-PF) Check Light 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. 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 45,008. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 45,000 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 Investment income 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses 6b 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 7b b Less: cost of goods sold 76-from Jine 7a) Gross profit or (loss) from sales of inventory (Subtract) 7c Other revenue (describe > INTEREST 8 45,008. 9 Total revenue. Add lines 1, 2, 3 9 Grants and similar amounts paid (a) STMT 2 25,000. 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employed beneaths N. 12 12 Professional fees and other payments to independent contractors 13 13 1,207. 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 3,533. SEE STATEMENT 1 ) Other expenses (describe 16 16 29,740. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 15,268.

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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)

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year. Combine lines 18 through 20 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.) (B) End of year (A) Beginning of year Cash, savings, and investments 1,602. 22 16,870. 23 23 Land and buildings 24 Other assets (describe 24 1,602. 16,870. 25 25 Total assets 0. 0. 26 Total liabilities (describe 16.870. 1,602.27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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	m 990-EZ (2009) AGITARTE, INC			<u>04-</u>	<u>-34204</u>	165 Page 2
	art III Statement of Program Service Accomplishme		Part III.)		-1	xpenses
₩h	at is the organization's primary exempt purpose? <u>SEE STATEMEN'</u>	Г 4			1 '	or section 501(c)(3)
De	scribe what was achieved in carrying out the organization's exempt pu	rposes In a clear and cond	cise manner, descr	ribe	1	4) organizations and 17(a)(1) trusts, optiona
the	services provided, the number of persons benefited, and other releva	nt information for each pro	gram title		for others)	
28						
		<del></del>				
	(Grants \$ ) If this amount includes foreign	grants, check here	<b></b>		28a	
29						
		-				
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$ ) If this amount includes foreign	grants check here		$\overline{}$	29a	
30	The this amount includes loreign	grants, check here			1204	
30		<u> </u>				
			<del></del>	—		
		N. I. della see		$\neg$		
	(Grants \$ ) If this amount includes foreign	grants, cneck nere			30a	<del></del>
31	Other program services (attach schedule)		_		l l	
	(Grants \$ ) If this amount includes foreign	grants, check here		لبل	31a	
32	Total program service expenses (add lines 28a through 31a)	1			32	0.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one e	ven if not compensated	1		<del>,</del> -
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
	•	position	0)		eferred	other allowances
				com	pensation	
MZ	ARY ANNE HOPGOOD	PRESIDENT				
PC	BOX 16005, SAN JUAN, PR 00908	0.00	0.		0.	0.
MA	ARY ANNE HOPGOOD	TREASURER				
	BOX 16005, SAN JUAN, PR 00908	0.00	0.		0.	0.
	RBERT FOX	CLERK				
	PLEASANT VIEW AVE, LYNN, MA 01902	0.00	0.		0.	0.
	GEILY RODGRIGUEZ LEBRON, PO BOX	DIRECTOR				
	220136, SAN JUAN, PR 009020136	0.00	0.		0.	0.
_	AULO COLON, 811 BRONX RIVER ROAD,	DIRECTOR	•	<u> </u>		
	G, YONKERS, NY 10708	0.00	0.		0.	0.
20	H, TONKERS, NI 10700	0.00			<u>U•</u>	· · · · · ·
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932	8-10				Form !	990-EZ (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	ere any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.			i
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			۱
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1		
	Did the organization file Form 1120-POL for this year?	37b	<b> </b>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			.,
	in a prior year and still outstanding at the end of the period covered by this return?	38a	_	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9  N/A			
	Gross receipts, included on line 9, for public use of club facilities  39  N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1 1	
70 a	section 4911 ► 0 • ; section 4912 ►0 • ; section 4955 ►0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
-	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization  0.			
е	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	40e		X
	List the states with which a copy of this return is filed.   MA		000	
	The organization's books are in care of ► LISA M PORTSCHER  Located at ► 15 BRAEBURN ROAD, HYDE PARK, MA  Telephone no. ► 617-59  ZIP+4 ► 0			
	Located at ► 15 BRAEBURN ROAD, HYDE PARK, MA ZIP+4 ► 0  At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u>o</u> _	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	120		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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	N/A		
		1		
			Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		, 1	
	Form 990-EZ	44		<u>X</u>
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	_		7.
	completed instead of Form 990-EZ	45	00.53	<u>X</u>
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orm 990-	EZ (2009) AGITARTE, INC			04-3420	465	Page 4
Part V	Section 501(c)(3) organizations and section	4947(a)(1) nonexempt	charitable tru	sts only. All	section 50	1(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable	e trusts must answer question	ns 46-49b and con	nplete the table	s for lines	50
	and 51				Vo	s No
	he organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to c	candidates for public	ſ	46	X
	e? If "Yes," complete Schedule C, Part I	alta advida O. Davit II		ŀ	47	Y
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II				48	X X X
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?			49a	X	
	is," was the related organization a section 527 organization?	a organization.			49b	1
	plete this table for the organization's five highest compensated employ	vees (other than officers, directors	s, trustees and kev er	nployees) who e		l more
	\$100,000 of compensation from the organization. If there is none, ent					
			<del></del> -			
		(b) Title and average hours	(c) Compensation	(d) Contribution to employee	s (e) Exp	ense
	(a) Name and address of each employee paid more	per week devoted to	(a) companion	benefit plans &	1 ' '	
	than \$100,000	position		deferred	other allo	wances
	NONE			compensation	-	
					<del>                                     </del>	
-				-		
-						_
	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more		(b) Type of ser		) Compens	,
	(a) Name and address of each independent contractor paid mor	e man \$100,000	(b) Type of Ser	VICC	) Compens	211011
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d Total	number of other independent contractors each receiving over \$100,0	00	<b></b>			•
u Total	Turniber of other macpendent contractors each recording over \$100,0	00				
	Under penalties of perjury, I declare that I have examined this return, including	accompanying schedules and statemen	ts, and to the best of my	knowledge and be	ief, it is true,	
	correct and complete Declaration of preparer (other than officer) is based on a	Il information of which preparer has any				
Sign	correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which preparer has any	Knowledge	5.13.11		
Sign Here	correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which preparer has any	KIIOWIEUGE	5. /3·// Date		<del></del>
	Signature of office MARY ANNE MAPGOOD P	Il information of which preparer has any	Kilowieuge	5. /3·// Date		
	correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which preparer has any	Nilowiauge	5. /3 · //		
Here Paid	Signature of officery and the Type or print name and little  Preparer's segnature of the Type or print name and little	Il information of which preparer has any  KE3 IDENT  Date  Che	ck if self-	Date  arer's identifying nu	ımber (See ıns	etr)
Here	Signature of officery and some and little  Preparer's segnature of the segment of	Il information of which preparer has any	ck if self- prepoloyed ► X	Date arer's identifying nu	ımber (See ıns	etr)
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Form 990-EZ (2009)

	STATEMENT	1
	AMOUNT	
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IONS	STATEMENT	2
GRANTEE'S RELATIONSHIP	AMOUNT	r
	GRANTEE'S	3,00 3,53  IONS STATEMENT  GRANTEE'S

FO:	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT		
A)	DIRECTLY OR INDIE	CION, DURING THE YEAR, RECEIVE ANY FUNDS, RECTLY, TO PAY PREMIUMS ON A PERSONAL	YES	[X]	NO
B)		PION, DURING THE YEAR, PAY PREMIUMS, RECTLY, ON A PERSONAL BENEFIT CONTRACT? [ ]	YES	[X]	NO

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STATEMENT

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