Anstiss & CO., P.C.
1115 Westford Street   Lowell, MA 01851
Phone (978) 452-2500
Fax (978) 458-0425

June 16, 2011

United Teen Equality Center, Inc.
34 Hurd Street
Lowell, MA 01852

United Teen Equality Center, Inc.:

Enclosed is the organization's 2009 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

MASSACHUSETTS FORM PC RETURN:

Mail to - Non-Profit Organizations/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

Please sign and mail Form PC as soon as possible.

Enclose a check for $250 made payable to Commonwealth of Massachusetts.

Include the organization's Massachusetts Attorney General six-digit account number and "2009 Form PC" on the remittance. Also include the organization's fiscal year end date in this format (06/10).

Form PC must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Raymond L. Anstiss, Jr.

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2009**

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

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

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

C Name of organization: UNITED TEEN EQUALITY CENTER, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 34 HURD STREET | Room/suite

City or town, state or country, and ZIP + 4: LOWELL, MA 01852

D Employer identification number 38-3669532

E Telephone number 978-441-9949

G Gross receipts $ 2,686,206.

F Name and address of principal officer: GREGG CROTEAU
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.UTEC-LOWELL.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2002 **M** State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO INSPIRE LOWELL'S YOUTH TO TRADE VIOLENCE AND POVERTY FOR SOCIAL AND ECONOMIC SUCCESS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	53
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	920.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,747,626.	2,606,678.
	9	Program service revenue (Part VIII, line 2g)	7,447.	24,566.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,719.	8,376.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,116.	44,046.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,793,908.	2,683,666.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,010,462.	1,137,080.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,402.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	586,510.	484,085.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,596,972.	1,621,165.
	19	Revenue less expenses. Subtract line 18 from line 12	196,936.	1,062,501.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	2,268,876.	3,258,307.
	21	Total liabilities (Part X, line 26)	555,838.	591,348.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,713,038.	2,666,959.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date

▶ GREGG CROTEAU, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ RAYMOND L. ANSTISS, JR. | Date 06/16/11 | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ANSTISS & CO., P.C.
1115 WESTFORD STREET
LOWELL, MA 01851

EIN ▶

Phone no. ▶ (978) 452-2500

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

UTEC'S MISSION IS TO IGNITE AND NURTURE THE AMBITION OF LOWELL'S MOST DISENGAGED YOUTH TO TRADE VIOLENCE AND POVERTY FOR SOCIAL AND ECONOMIC SUCCESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 394,289. including grants of $) (Revenue $ 0.)

STREETWORKERS - STREETWORKERS PROVIDE OUTREACH, REFERRALS TO COMMUNITY RESOURCES, PEACEMAKING, AND INTENSIVE FOLLOW-UP TO YOUNG PEOPLE WHO ARE IN CRISIS DUE TO GANG INVOLVMENT, HOMELESSNESS OR DROPPING OUT OF SCHOOL.

4b (Code:) (Expenses $ 248,097. including grants of $) (Revenue $ 0.)

THE OPEN SCHOOL - THE OPEN SCHOOL PROVIDES ALTERNATIVE EDUCATION EXPERIENCE THROUGH AN ALTERNATIVE DIPLOMA PROGRAM (ADP) THAT IS RECOGNIZED BY THE LOWELL PUBLIC SCHOOLS AND A GED PROGRAM SPECIFICALLY FOR YOUTH.

4c (Code:) (Expenses $ 222,203. including grants of $) (Revenue $ 14,510.)

FRESH ROOTS - THE FRESH ROOTS WORK SKILLS TRAINING PROGRAM AT UTEC PROVIDES TEENS WITH THE EXPERIENCE OF OPERATING A BUSINESS. USING A FARM A PROGRAM AND A CULINARY ARTS PROGRAM THE TEENS PRODUCE AND MARKET THE PRODUCT THE GROW AND MAKE.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 383,287. including grants of $) (Revenue $ 10,056.)

4e Total program service expenses ▶ $ 1,247,876.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	12		
b	Enter the number of voting members that are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

GREGG CROTEAU - 978-441-9949
34 HURD STREET, LOWELL, MA 01852

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RICHARD CAVANAUGH PRESIDENT	3.00	X		X				0.	0.	0.
MARIANELA VAZQUEZ DIRECTOR	2.00	X						0.	0.	0.
ROBERT RICHARDSON VICE PRESIDENT	3.00	X		X				0.	0.	0.
SUSAN SMITH DIRECTOR	2.00	X						0.	0.	0.
DAVID BROWN TREASURER	3.00	X		X				0.	0.	0.
JAMES GERAGHTY DIRECTOR	2.00	X						0.	0.	0.
DANIEL SAIGHAN MEMBER	2.00	X						1,527.	0.	0.
KATIE PIPER MEMBER	2.00	X						5,314.	0.	0.
JUAN CATANO MEMBER	2.00	X						1,545.	0.	0.
MEGAN PHILLIPS MEMBER	2.00	X						1,164.	0.	0.
LUIS GARAY MEMBER	2.00	X						1,458.	0.	0.
KRYSTAL ARTIS MEMBER	2.00	X						400.	0.	0.
GREGG CROTEAU EXECUTIVE DIRECTOR	40.00			X				54,836.	0.	4,255.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								66,244.	0.	4,255.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDS BERTMAN TSECKARES, INC. 110 CANAL STREET, BOSTON, MA 02114	ARCHITECTURE	117,246.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	1,092,479.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,514,199.				
g Noncash contributions included in lines 1a-1f: $						
h **Total.** Add lines 1a-1f ▶			2,606,678.			
Program Service Revenue		Business Code				
2 a TRANSITIONAL EMPLOYMEN		561300	10,056.	10,056.		
b FARMING		110000	8,270.	8,270.		
c CATERING		722320	6,240.	6,240.		
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			24,566.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			8,376.			8,376.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6 a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss) ▶						
8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a	45,666.				
b Less: direct expenses	b	2,540.				
c Net income or (loss) from fundraising events ▶			43,126.			43,126.
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a FACILITY RENTALS		531390	920.		920.	
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d ▶			920.			
12 **Total revenue.** See instructions. ▶			2,683,666.	24,566.	920.	51,502.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	56,462.	28,231.	14,116.	14,115.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	929,709.	753,480.	106,266.	69,963.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	75,132.	59,460.	7,720.	7,952.
10 Payroll taxes	75,777.	62,343.	8,498.	4,936.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,663.		17,663.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	76,118.	7,192.	68,053.	873.
12 Advertising and promotion	3,820.	3,200.	495.	125.
13 Office expenses	104,786.	82,845.	10,872.	11,069.
14 Information technology	637.	188.	372.	77.
15 Royalties				
16 Occupancy	47,779.	46,776.	868.	135.
17 Travel	16,710.	7,476.	8,998.	236.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,381.	15,460.	522.	399.
20 Interest	19,842.	17,394.	2,187.	261.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,400.	49,957.	962.	481.
23 Insurance	587.	519.	68.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTANTS	93,265.	92,849.		416.
b FOOD EXPENSES	17,132.	14,332.	2,800.	
c EQUIPMENT	15,102.	3,311.	11,427.	364.
d FIELD TRIPS	2,863.	2,863.		
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,621,165.	1,247,876.	261,887.	111,402.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year	Line	(B) End of year
Assets	1	Cash - non-interest-bearing	131,907.	1	131,576.
	2	Savings and temporary cash investments	685,367.	2	1,136,296.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	325,137.	4	294,840.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,365.	9	4,166.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 1,929,613.			
	b	Less: accumulated depreciation — 10b 238,184.	1,120,100.	10c	1,691,429.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,268,876.	16	3,258,307.
Liabilities	17	Accounts payable and accrued expenses	189,167.	17	433,268.
	18	Grants payable		18	
	19	Deferred revenue		19	108,580.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	366,671.	23	49,500.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	555,838.	26	591,348.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	868,610.	27	1,610,293.
	28	Temporarily restricted net assets	844,428.	28	1,056,666.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,713,038.	33	2,666,959.
	34	Total liabilities and net assets/fund balances	2,268,876.	34	3,258,307.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization UNITED TEEN EQUALITY CENTER, INC.
Employer identification number 38-3669532

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [X] 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?

		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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule A (Form 990 or 990-EZ) 2009**

932021 02-08-10

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) ▶	**(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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 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) ▶	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | **14** | %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | **15** | %

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 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 ▶ ☐

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 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 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.")	1122425.	1621501.	1343774.	1663595.	2606678.	8357973.
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				7,447.	24,566.	32,013.
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	1122425.	1621501.	1343774.	1671042.	2631244.	8389986.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6.)						8389986.

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	1122425.	1621501.	1343774.	1671042.	2631244.	8389986.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,705.	6,940.	28,170.	17,719.	8,376.	62,910.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,705.	6,940.	28,170.	17,719.	8,376.	62,910.
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.)				8,516.	44,046.	52,562.
13 **Total support** (Add lines 9, 10c, 11, and 12.)	1124130.	1628441.	1371944.	1697277.	2683666.	8505458.

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.64 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99.04 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	.74 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	.83 %

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 ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2009

Name of the organization

UNITED TEEN EQUALITY CENTER, INC.

Employer identification number

38-3669532

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. .... ▶ $ ______________

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMELIA PEABODY FOUNDATION ONE HOLLIS ST., STE 215 WELLESLEY, MA 02482	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	BANK OF AMERICA 100 FEDERAL ST. BOSTON, MA 02110	$ 145,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	CLOWES FUND 320 NORTH MERIDIAN ST., STE. 316 INDIANAPOLIS, IN 46204	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	ROY A. HUNT FOUNDATION ONE BIGELOW SQUARE, STE. 630 PITTSBURGH, PA 15219	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	TD BANKNORTH CHARITABLE FOUNDATION 1441 MAIN ST. PORTLAND, ME 04112	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	THE BOSTON FOUNDATION 75 ARLINGTON ST. BOSTON, MA 02116	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	VERIZON FOUNDATION 1 VERIZON WAY BASKING RIDGE, NJ 07920	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	YAWKEY FOUNDATION 990 WASHINGTON ST. DEDHAM, MA 02026	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	UNITED WAY OF MASSACHUSETTS BAY & MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	DOROTHY H. STEVENS FOUNDATION PO BOX 111 NORTH ANDOVER, MA 01845	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	THE CHURCH HOME SOCIETY 138 TREMONT STREET BOSTON, MA 02111	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	THE PAUL AND PHYLLIS FIREMAN CHARITABLE FOUNDATION 240 NEWBURY STREET 2ND FLR. BOSTON, MA 02116	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED TEEN EQUALITY CENTER, INC.

Employer identification number

38-3669532

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BOSTON FOUNDATION FOR ARCHITECTURE 52 BROAD STREET BOSTON, MA 02109	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	RICHARD AND SUSAN SMITH FAMILY 1280 BOYLSTON STREET CHESTNUT HILL, MA 02467	$ 275,340.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	CITIZENS BANK FOUNDATION 870 WESTMINSTER STREET PROVIDENCE, RI 02903	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	ROBBINS DE BEAUMONT ONE POST OFFICE SQUARE BOSTON, MA 02109	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	BRAITMAYER FOUNDATION 6470 FREETOWN ROAD SUITE 20087 COLUMBIA, MD 21044	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	THE THIRD SECTOR OF NEW ENGLAND 89 SOUTH STREET SUITE 700 BOSTON, MA 02111	$ 22,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	WELLINGTON MANAGEMENT FOUNDATION 75 STATE STREET BOSTON, MA 02109	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20	GARDENBURGER P.O. BOX 185132 BATTLE CREEK, MI 49018	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21	ROCA 101 PARK STREET CHELSEA, MA 02150	$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

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
		$	

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

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

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

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

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

Name of organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

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 columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

(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

(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

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED TEEN EQUALITY CENTER, INC.

Employer identification number
38-3669532

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______%

b Permanent endowment ▶ ______%

c Term endowment ▶ ______%

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		189,074.		189,074.
b Buildings		1,001,182.	80,934.	920,248.
c Leasehold improvements				
d Equipment		165,760.	116,384.	49,376.
e Other		573,597.	40,866.	532,731.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,691,429.

Schedule D (Form 990) 2009

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

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

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

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

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

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

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

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

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,683,666.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,621,165.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,062,501.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-108,580.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-108,580.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	953,921.

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

1	Total revenue, gains, and other support per audited financial statements			1	2,724,758.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	38,552.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	38,552.
3	Subtract line **2e** from line **1**			3	2,686,206.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	-2,540.		
c	Add lines **4a** and **4b**			4c	-2,540.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,683,666.

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

1	Total expenses and losses per audited financial statements			1	1,662,257.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	38,552.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	2,540.		
e	Add lines **2a** through **2d**			2e	41,092.
3	Subtract line **2e** from line **1**			3	1,621,165.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,621,165.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: UTEC HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS, THEREFORE, GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS. ASC 740-10, "INCOME TAXES" (FORMERLY FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES") REQUIRES UTEC TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN EFFECT ON UTEC'S FINANCIAL STATEMENTS. UTEC REPORTS ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE

Part XIV Supplemental Information *(continued)*

AND TO THE COMMONWEALTH OF MASSACHUSETTS ON AN ANNUAL BASIS. THESE INFORMATIONAL RETURNS ARE GENERALLY SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF THREE YEARS AFTER FILING. SUBSTANTIALLY ALL OF UTEC'S INCOME, EXPENDITURES AND ACTIVITIES RELATE TO ITS EXEMPT PURPOSE, THEREFORE, MANAGEMENT HAS DETERMINED THAT UTEC IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO QUALIFY AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES: -2540.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES: 2540.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: UNITED TEEN EQUALITY CENTER, INC.

Employer identification number: 38-3669532

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 10TH ANNIVERSARY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	45,666.			45,666.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	45,666.			45,666.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,540.			2,540.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,540.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				43,126.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7 ▶				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: ______			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain: ______			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: ______			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility ..... **13a** %			
b An outside facility ..... **13b** %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ $			
Description of services provided ▶			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: UNITED TEEN EQUALITY CENTER, INC.

Employer identification number: 38-3669532

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH - AS A YOUTH DEVELOPMENT AGENCY, UTEC PROVIDES A SAFE-HAVEN DROP-IN AND ONE TIME ACTIVITIES THAT PROVIDE TEENS WITH A SAFE ALTERNATIVE TO BEING ON THE STREETS AND AIM TO GET TEENS MORE INVOLVED IN UTEC PROGRAMMING AND IN THEIR COMMUNTIY.

EXPENSES $ 112486.   INCLUDING GRANTS OF $ 0.   REVENUE $ 10056.

ORGANIZING - ORGANIZING PROMOTES CIVIC ENGAGEMENT ON LOCAL AND STATE LEVELS THROUGH COMMUNITY ORGANIZING AND POLITICAL ACTION.

EXPENSES $ 90014.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

SPORTS - THE ONLY FREE FITNESS PROGRAM GEARED TOWARDS OLDER TEENS IN LOWELL. THE GOAL OF UTEC ATHLETICS IS TO PROMOTE CAMERADERIE AND HEALTHY LIFESTYLES THROUGH SPORTS FOR YOUTH FROM LOWELL.

EXPENSES $ 69758.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

YOUNG WOMEN - THE GOAL OF THE YOUNG WOMEN'S PROGRAM AT UTEC IS TO PROMOTE PREGNANCY PREVENTION AND EMPOWER YOUNG WOMEN TO PROMOTE SOCIAL CHANGE IN THEIR COMMUNITIES THROUGH PEER TO PEER EDUCATION AROUND ISSUES THAT MOST EFFECT YOUNG WOMEN AND GIRLS.

EXPENSES $ 87739.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

ARTS - SUPPORTING HOLISTIC YOUTH DEVELOPMENT, UTEC PROVIDES INSTRUCTION IN DANCE (BREAKDANCING, SALSA, STEP, HOUSE), MUSIC RECORDING AND EDITING, FINE ARTS AND SPOKEN WORD POETRY.

EXPENSES $ 23290.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: UNITED TEEN EQUALITY CENTER, INC.

Employer identification number: 38-3669532

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY UTEC'S CONTROLLER, EXECUTIVE DIRECTOR, AND FINANCE COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANY POTENTIAL CONFLICTS OF INTEREST WHICH ARE BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS ARE DISCUSSED AND RESOLVED BY THE OTHER MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE REVIEWS AND EVALUATED THE EXECUTIVE DIRECTOR'S PERFORMANCE BASED ON MUTUALLY AGREED UPON GOALS AND PRIORITIES. THE COMPENSATION IS DETERMINED BY THE RESULTS OF THE EVALUATION, THE FISCAL POSITION OF THE AGENCY, AND COMPARABLE PAY FOR SIMILAR POSITIONS AT SIMILAR AGENCIES. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO RECEIVE COMPENSATION FOR SERVICES PROVIDED AS A MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST AT UTEC'S OFFICES.

FORM 990, PART VI, SECTION C, LINE 19: UTEC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT UTEC'S OFFICE.

THE ORGANIZATION'S REVIEW PROCESS OF THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

FORM 990, ITEM B:

AMENDED RETURN

FORM 990, PART I, LINE 8: CONTRIBUTIONS AND GRANTS HAVE BEEN DECREASED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

FORM 990, PART III, LINE 4: PROGRAM EXPENSES HAVE BEEN CHANGED TO REFLECT CURRENT ALLOCATIONS.

FORM 990, PART V, LINE 1C: THIS QUESTION HAS BEEN LEFT BLANK AS BACKUP WITHHOLDING WAS NOT REQUIRED FOR ANY VENDORS THAT RECEIVED REPORTABLE PAYMENTS.

FORM 990, PART VII: REPORTABLE COMPENSATION FROM THE ORGANIZATION HAS BEEN CORRECTED TO REFLECT AMOUNTS PAID ON FORMS W-2 AND 1099-MISC.

FORM 990, PART VII, SECTION B: COMPENSATION PAID TO INDEPENDENT CONTRACTORS HAS BEEN CORRECTED.

FORM 990, PART VIII, LINE 1E: GOVERNMENT GRANTS HAVE BEEN DECREASED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

FORM 990, PART VIII, LINE 3: INVESTMENT INCOME HAS BEEN MOVED FROM COLUMN (B) TO COLUMN (D).

FORM 990, PART IX, LINES 5 AND 7: EXPENSES HAVE BEEN CHANGED TO REFLECT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

CURRENT ALLOCATIONS.

FORM 990, PART X, LINES 27 AND 28: NET ASSETS HAVE BEEN CHANGED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED AND ALSO DUE TO UPDATED NET ASSET CLASSIFICATIONS.

FORM 990, SCHEDULE A, PART III, LINE 1, COLUMN (E): GIFTS, GRANTS, CONTRIBUTIONS, AND MEMBERSHIP FEES RECEIVED HAS BEEN CHANGED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

FORM 990, PART XI, LINE 1: TOTAL REVENUE HAS BEEN CHANGED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

FORM 990, PART XI, LINE 7: A PRIOR PERIOD ADJUSTMENT HAS BEEN RECORDED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

FORM 990, PART XII, LINE 1: TOTAL REVENUE, GAINS, AND OTHER SUPPORT PER AUDITED FINANCIAL STATEMENTS HAS BEEN CHANGED AS SOME OF THE FUNDS PREVIOUSLY REPORTED AS REVENUE HAVE BEEN DEFERRED.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	DODGE RAM WAGON	020101	SL	5.00	16	16,488.			16,488.	16,488.		0.
2	DIGITAL COPIER	032101	SL	5.00	16	3,345.			3,345.	3,345.		0.
3	DIGITAL COPIER	030105	SL	5.00	16	3,345.			3,345.	2,899.		446.
4	BASKETBALL HOOP	123101	SL	5.00	16	2,545.			2,545.	2,545.		0.
5	BASKETBALL HOOP	123101	SL	5.00	16	2,545.			2,545.	2,545.		0.
6	DV VIDEO CAMERA	063004	SL	5.00	16	2,495.			2,495.	2,495.		0.
7	DV VIDEO CAMERA	063004	SL	5.00	16	2,495.			2,495.	2,495.		0.
8	SECURITY SYSTEM	010101	SL	5.00	16	2,000.			2,000.	2,000.		0.
9	COMPUTER SOFTWARE - COMMUNITY SOFTWARE	022505	SL	3.00	16	3,700.			3,700.	3,700.		0.
10	BUILDING - 34 HURD STREET	022306	SL	39.00	16	260,032.			260,032.	22,225.		6,667.
11	LAND - 34 HURD STREET	022306	L	.000		189,074.			189,074.			0.
12	COMPUTER	063001	SL	5.00	16	800.			800.	800.		0.
13	COMPUTERS	063002	SL	5.00	16	8,000.			8,000.	8,000.		0.
14	COMPUTERS	063003	SL	5.00	16	8,000.			8,000.	8,000.		0.
15	COMPUTERS	063004	SL	5.00	16	8,000.			8,000.	8,000.		0.
16	COMPUTERS	063005	SL	5.00	16	8,000.			8,000.	6,400.		1,600.
17	SONY WATCHMAN	121303	SL	5.00	16	700.			700.	700.		0.
18	SERVER	020101	SL	5.00	16	2,000.			2,000.	2,000.		0.

(D) - Asset disposed
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	RENOVATIONS IMPROVEMENTS	030106	SL	39.00	16	7,999.			7,999.	1,121.		205.
20	29 INCH PHILIPS TV	022804	SL	5.00	16	1,200.			1,200.	1,200.		0.
21	MISC. DVD BURNERS, DECKS, HD	071503	SL	5.00	16	2,300.			2,300.	2,300.		0.
22	G4 COMPUTERS	041503	SL	5.00	16	3,000.			3,000.	3,000.		0.
23	G5 COMPUTERS	020105	SL	5.00	16	1,875.			1,875.	1,656.		219.
24	200 DODGE VAN 3500	031806	SL	5.00	21	6,200.			6,200.	4,030.		1,240.
25	COMPUTER EQUIPMENT	011807	SL	5.00	16	1,514.			1,514.	732.		303.
26	5 STANTON TURNTABLES	121003	SL	7.00	16	1,250.			1,250.	997.		179.
27	4 CHERRYWOOD DESK/FILLING COMBOS	011501	SL	7.00	16	2,000.			2,000.	2,000.		0.
28	CHERRYWOOD EXECUTIVE DESK	011501	SL	7.00	16	1,000.			1,000.	1,000.		0.
29	2 CONFERENCE TABLES	011501	SL	7.00	16	800.			800.	800.		0.
30	4 FULL SIZE FILLING CABINETS	111503	SL	7.00	16	2,000.			2,000.	1,619.		286.
31	6.75 FILING CABINET	111503	SL	7.00	16	1,200.			1,200.	971.		171.
32	CUSTOM BUILT RECORDING BOOTH	103004	SL	7.00	16	1,000.			1,000.	667.		143.
33	COMPUTER EQUIPMENT	021007	SL	5.00	16	1,560.			1,560.	754.		312.
34	COMPUTER EQUIPMENT	041007	SL	5.00	16	3,616.			3,616.	1,627.		723.
35	COMPUTER EQUIPMENT	061407	SL	5.00	16	1,390.			1,390.	579.		278.
36	DESKS AND CHAIRS	020907	SL	7.00	16	4,128.			4,128.	1,523.		590.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	POOL TABLE	120106	SL	7.00	16	1,100.			1,100.	443.		157.
38	DESKS AND CHAIRS	022607	SL	7.00	16	5,209.			5,209.	1,836.		744.
39	BUILDING RENOVATIONS	021507	SL	39.00	16	93,521.			93,521.	11,031.		2,398.
40	DATANET COMPUTER SYSTEMS (4)	032007	SL	5.00	16	4,012.			4,012.	1,805.		802.
41	BUILDING RENOVATIONS	063007	SL	39.00	16	178,688.			178,688.	18,098.		4,582.
42	BUILDING RENOVATIONS	063008	SL	39.00	16	193,488.			193,488.	4,961.		4,961.
43	FITNESS EQUIPMENT	013008	SL	5.00	16	44,112.			44,112.	12,498.		8,822.
44	GATEWAY COMPUTERS	120307	SL	5.00	16	17,600.			17,600.	5,573.		3,520.
45	TABLE AND CHAIRS	043008	SL	7.00	16	5,827.			5,827.	971.		832.
46	THEATRE EQUIPMENT	062608	SL	5.00	16	6,866.			6,866.	1,373.		1,373.
47	COMPUTER EQUIPMENT	022008	SL	5.00	16	5,875.			5,875.	1,567.		1,175.
48	2001 ACURA MDX	061808	SL	5.00	21	9,555.			9,555.	1,911.		1,911.
49	BUILDING RENOVATION	063009	SL	39.00	16	164,066.			164,066.			4,207.
50	22 IN WS LCD2500:1	081808	SL	5.00	16	1,790.			1,790.	298.		358.
51	CERTIFIED PRE-OWNED POWER MAC G5 COMPU	081508	SL	5.00	16	3,221.			3,221.	591.		644.
52	2 NEW SONY DCR-VX2100 3 CCD MI	080108	200DB	5.00	17	4,356.		2,178.	2,178.	436.		697.
53	ROOF	052810	SL	39.00	16	73,367.			73,367.			157.
54	SOLAR PANELS	021210	SL	39.00	16	30,022.			30,022.			321.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	COMPUTER EQUIPMENT	020210	SL	5.00	16	2,500.			2,500.			208.
56	2007 FORD VAN	061110	SL	5.00	21	10,000.			10,000.			167.
	* TOTAL 990 PAGE 10 DEPR					1422771.		2,178.	1420593.	184,605.	0.	51,398.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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

Depreciation and Amortization

990

(Including Information on Listed Property)

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

OMB No. 1545-0172 **2009** Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED TEEN EQUALITY CENTER, INC.	FORM 990 PAGE 10	38-3669532

Part I Election To Expense Certain Property Under Section 179 Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	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 2010. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	47,383.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	697.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,318.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	51,398.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property

(Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
STATEMENT 1		%					3,318.	
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	3,318.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N	
200 DODGE VAN 3500	03/18/06	100.00	6,200.	6,200.	5.00	SL -HY	1,240.	
2001 ACURA MDX	06/18/08	100.00	9,555.	9,555.	5.00	SL -HY	1,911.	
2007 FORD VAN	06/11/10	100.00	10,000.	10,000.	5.00	SL -HY	167.	
TOTAL TO FORM 4562, PART V, LINE 26							3,318.	

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 20 10

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2009

Name of exempt organization	Employer identification number
UNITED TEEN EQUALITY CENTER, INC.	38-3669532

Name and title of officer

GREGG CROTEAU
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	2683666
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize ANSTISS & CO., P.C. to enter my PIN 12345

ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 04193023456
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶ 06/16/11

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Office Use Only: **Fiscal Year**

The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/09 **to** 06/30/10

Attorney General's Account #: 46274

Federal ID #: 38-3669532

When did the organization first engage in charitable work in Massachusetts? 07/01/02

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application **OR** date of determination letter: 09/11/03

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
- [X] Schedule A-1
- [X] Schedule A-2
- [ ] Schedule RO
- [ ] Probate Account
- [X] Copy of IRS Return
- [X] Audited Financial Statements/Review
- [X] Filing Fee
- [ ] Amended Articles/ By-Laws

Organization Data

Name: UNITED TEEN EQUALITY CENTER, INC.

Mailing Address: 34 HURD STREET

City: LOWELL State: MA ZIP: 01852

Phone Number: 978-441-9949 Fax Number: 978-654-6727

Email: GREGG@UTEC-LOWELL.ORG Website: WWW.UTEC-LOWELL.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	30
Type of Organization (Table 2)	15	Organization Purpose Code 2	

Please check box if final return prior to dissolution: [ ]

Office Use Only: **Payment Received**

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 07/01/2002

2. Where was the organization created? MASSACHSETTS

3. What is the form of organization? *(check one)*

Corporation	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	

Other (please describe): ______

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.* ☐ Yes ☒ No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	2,606,678.
B.	Gross support and revenue	2,683,666.
C.	Program services and similar amounts paid out	1,247,876.
D.	Fundraising expenses	111,402.
E.	Management and general expenses	261,887.
F.	Payments to affiliates	
G.	Total expenses	1,621,165.
H.	Net assets or fund balances at the end of the year	2,666,959.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	GREGG CROTEAU EXEC. DIR.	40	56,462.		4,555.
2.	JUANCARLOS RIVERA DIR. OF OPER.	40	47,459.		4,555.
3.	JESSICA WILSON DEVELOPMENT	40	44,614.		4,555.
4.	SHANA BERGER EDUCATION DIRECTOR	40	41,514.		4,555.
5.	TANIA ORMONDE AMERICORPS COORDINATOR	40	38,506.		4,555.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).* ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CHILDS BERTMAN TSECKARES, INC.	117,246.	ARCHITECTURE
2.	MENTAL HEALTH ASSOCIATES	31,424.	SOCIAL WORKER
3.	CITY OF LOWELL-POLICE DEPT	14,709.	STREETWORKER
4.	RACHEL WEINSTEIN	8,369.	ORGANIZING CONSULT ANT
5.	JORGE CRUZ	7,200.	MAINTENANCE

9. Bank(s) in which the organization's funds are deposited *(include bank addresses and phone numbers)*:

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other *(specify)*: __________

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: __________

City: __________ State: ______ ZIP Code: ______

12. Contact Person Name: GREGG CROTEAU

Street Address: 34 HURD STREET

City: LOWELL State: MA ZIP Code: 01852

Phone Number: 978-441-9949

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? [X] Yes [ ] No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? [X] Yes [ ] No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	[ ]
an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. *(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)*	[ ]

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? [ ] Yes [X] No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC BANK IN WHICH FUNDS ARE DEPOSITED STATEMENT 1

BANK	PHONE NUMBER
TD BANKNORTH, N.A.	978-454-1114

ADDRESS

45 CENTRAL STREET LOWELL, MA 01852

BANK	PHONE NUMBER
BUTLER BANK	978-259-1000

ADDRESS

10 GEORGE STREET LOWELL, MA 01852

BANK	PHONE NUMBER
LOWELL FIVE CENT SAVINGS	978-452-1300

ADDRESS

34 JOHN STREET LOWELL, MA 01852

BANK	PHONE NUMBER
JEANNE D'ARC CREDIT UNTION	978-452-5001

ADDRESS

658 MERRIMACK STREET LOWELL, MA 01854

BANK	PHONE NUMBER
LOWELL COOPERATIVE BANK	978-458-4598

ADDRESS

18 HURD STREET LOWELL, MA 01852

BANK	PHONE NUMBER
ENTERPRISE BANK	978-459-9000

ADDRESS

222 MERRIMACK STREET LOWELL, MA 01852

BANK	PHONE NUMBER
EASTERN BANK	978-446-9278

ADDRESS

50 CENTRAL STREET LOWELL, MA 01852

BANK	PHONE NUMBER
SOVEREIGN BANK	978-656-4608

ADDRESS

170 MERRIMACK STREET LOWELL, MA 01852

FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 2

NAME

JAMES GERAGHTY

TITLE

DIRECTOR

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

MARIANELA VAZQUEZ

TITLE

DIRECTOR

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

SUSAN SMITH

TITLE

DIRECTOR

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

ROBERT RICHARDSON

TITLE

VICE PRESIDENT

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

RICHARD CAVANAUGH

TITLE

PRESIDENT

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

DAVID BROWN

TITLE

TREASURER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

GREGG CROTEAU

TITLE

EXECUTIVE DIRECTOR

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

KATIE PIPER

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

JUAN CATANO

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

MEGAN PHILLIPS

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

LUIS GARAY

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

KRYSTAL ARTIS

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME

DAVID SAIGHAN

TITLE

MEMBER

ADDRESS

34 HURD STREET LOWELL, MA 01852

FORM PC PAGE 4 LINE 18 STATEMENT 3

NAME	AREA OF RESPONSIBILITY
GREGG CROTEAU	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
JUANCARLOS RIVERA	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
DONALD KINGSTON	RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
GREGG CROTEAU	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
DONALD KINGSTON	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
GREGG CROTEAU	RESPONSIBLE FOR FUNDRAISING

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
JUANCARLOS RIVERA	RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
JESSICA WILSON	RESPONSIBLE FOR FUNDRAISING

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
STEPHAN JORDAN	RESPONSIBLE FOR FUNDRAISING

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
THOMAS LOUIE	RESPONSIBLE FOR FUNDRAISING

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
PAULETTE STOUT	RESPONSIBLE FOR FUNDRAISING

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
DONALD KINGSTON	CUSTODY OF FINANCIAL RECORDS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
GREGG CROTEAU	AUTHORIZED TO SIGN CHECKS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NAME	AREA OF RESPONSIBILITY
JUANCARLOS RIVERA	AUTHORIZED TO SIGN CHECKS

ADDRESS

34 HURD STREET LOWELL, MA 01852

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

22. Have donor-restricted funds been loaned to unrestricted funds? ☐ Yes ☒ No
If yes, please attach an explanation.

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

If you answered **yes** *for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes***, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	☐ Yes	☒ No
B.	Has your organization leased assets to or leased assets from a related party?	☐ Yes	☒ No
C.	Has your organization been indebted to a related party?	☐ Yes	☒ No
D.	Has your organization allowed a related party to be indebted to it?	☐ Yes	☒ No
E.	Has your organization made or held an investment in a related party?	☐ Yes	☒ No
F.	Has your organization furnished goods, services, or facilities to a related party?	☐ Yes	☒ No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	☒ Yes	☐ No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	☐ Yes	☒ No
I.	Has your organization transferred income or assets to or for use by a related party?	☐ Yes	☒ No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	☐ Yes	☒ No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	☐ Yes	☒ No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	☐ Yes	☒ No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	☐ Yes	☒ No

STATEMENT 4

FORM PC PAGE 6 LINE 24 STATEMENT 4

NAME

RICHARD CAVANAUGH

ADDRESS

100 FOOT OF JOHN STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
LEGAL SERVICES PROVIDED BY A FIRM WHERE A DIRECTOR IS A PARTNER	5,032.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

DAVID BROWN

ADDRESS

222 MERRIMACK STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
CERTIFICATE OF DEPOSIT HELD AT ENTERPRISE BANK WHERE A DIRECTOR IS EMPLOYED	104,898.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

KATIE PIPER

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	5,314.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

JUAN CATANO

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	1,545.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

MEGAN PHILLIPS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	1,164.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

LUIS GARAY

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	1,458.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

KRYSTAL ARTIS

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	400.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

NAME

DAVID SAIGHAN

ADDRESS

34 HURD STREET LOWELL, MA 01852

NATURE OF TRANSACTION	AMOUNT INVOLVED
UTEC - TEEN LEADERSHIP	1,527.

PROCEDURE FOLLOWED

APPROVED BY BOARD OF DIRECTORS

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: ______________________ Date: __________

Printed Name: ______________________

Title: EXECUTIVE DIRECTOR

Name of Preparer: ANSTISS & CO., P.C.

Address 1115 WESTFORD STREET

City LOWELL State MA ZIP Code 01851

Phone Number (978) 452-2500

Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

____

____

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	X
Entertainment event	X	Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

☐ Other (*specify*): ______________________________

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name: ______________________________

Address ______________________________

City ______________ State ______________ ZIP Code ______________

Professional Fundraising Counsel Name: ______________________________

Address ______________________________

City ______________ State ______________ ZIP Code ______________

Commercial Co-Venturer Name: ______________________________

Address ______________________________

City ______________ State ______________ ZIP Code ______________

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: GREGG CROTEAU EXECUTIVE DIRECTOR

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: JESSICA WILSON DIRECTOR OF DEVELOPMENT

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: THOMAS LOUIE INDIVIDUAL GIFTS OFFICER

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: GREGG CROTEAU EXECUTIVE DIRECTOR

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: JESSICA WILSON DIRECTOR OF DEVELOPMENT

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: THOMAS LOUIE INDIVIDUAL GIFTS OFFICER

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	X
Entertainment event	X	Sale of goods other than by telephone	X
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X

☐ Other (*specify*):

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			

* Provide applicable names and addresses:

Professional Solicitor Name:

Address

City State ZIP Code

Professional Fundraising Counsel Name:

Address

City State ZIP Code

Commercial Co-Venturer Name:

Address

City State ZIP Code

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: GREGG CROTEAU EXECUTIVE DIRECTOR

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: JESSICA WILSON DIRECTOR OF DEVELOPMENT

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: THOMAS LOUIE INDIVIDUAL GIFTS OFFICER

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: GREGG CROTEAU EXECUTIVE DIRECTOR

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: JESSICA WILSON DIRECTOR OF DEVELOPMENT

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Name and Title: THOMAS LOUIE INDIVIDUAL GIFTS OFFICER

Address 34 HURD STREET

City LOWELL State MA ZIP Code 01852

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: ______________________ Date: __________

Print Name: ______________________

Title: EXECUTIVE DIRECTOR

Signature: ______________________ Date: __________

Print Name: ______________________

Title: ______________________