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**Return of Organization Exempt From Income Tax**

**2010**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning JANUARY 1, 2010, and ending DECEMBER 31, 2010

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

**C** Name of organization TAGO, INC.  
 Doing Business As TAGO, INC.  
 Number and street (or P.O. box if mail is not delivered to street address) 26801 GENE CT, SB IN Room/suite  
 City or town, state or country, and ZIP + 4 SOUTH BEND, IN 46619

**D** Employer identification number 30-019 4393

**E** Telephone number 574-532-0499

**F** Name and address of principal officer: 206 Victoria, So. Bend, IN 46614

**G** Gross receipts \$ 339,502.52

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No N/A  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2003 **M** State of legal domicile: IN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
Assist underprivileged youth to obtain basic education and employable skills through interactive activities/education + provide supportive services, day care.

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

|  |           |          |
|--|-----------|----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | <u>3</u> |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | <u>0</u> |
| <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>  | <u>0</u> |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | <u>5</u> |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | <u>0</u> |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> |          |

|   | Prior Year                         | Current Year         |
|---|------------------------------------|----------------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | <u>25,000</u>                      | <u>273,156</u>       |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | <u>0</u>                           | <u>16,346.50</u>     |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | <u>0</u>                           | <u>0</u>             |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | <u>0</u>                           | <u>0</u>             |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <u>25,000</u>                      | <u>339,502.50</u>    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | <u>25,000</u>                      | <u>97,239.93</u>     |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |                                    |                      |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |                                    | <u>159,991.79</u>    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |                                    |                      |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1027.78</u>         |                                    |                      |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      | <u>25,000</u>                      | <u>84,438.28</u>     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <u>25,000</u>                      | <u>341,669.78</u>    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <u>0</u>                           | <u>-3195.26</u>      |
| <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year <u>0</u> | End of Year <u>0</u> |
| <b>21</b> Total liabilities (Part X, line 20)   | <u>0</u>                           | <u>-3195.26</u>      |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | <u>0</u>                           | <u>-3195.26</u>      |

**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.

**Signature Here**

Signature of officer LINDA J. CARTER - President Date 06/25/12

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no \_\_\_\_\_

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

SCANNED JUL 10 2012

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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:  
TO ASSIST UNDERACHIEVING YOUTH + YOUNG ADULTS TO COMPLETE THEIR BASIC EDUCATION + GAIN EMPLOYABLE SKILLS THROUGH INTERACTIVE EDUCATION - HANDS ON SKILLS ACQUIRED.

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 \$ 29,069.50 including grants of \$ 23,069.50) (Revenue \$ -6000 )

Provide Supportive services to youth so they can complete their basic education with child care services available. Child care issues being a main reason for drop out of teens/young adults.

4b (Code: ) (Expenses \$ 295,351.26 including grants of \$ 273,156.7) (Revenue \$ -22,195.26)

Provide hands on interactive skills building and job training opportunities through the construction trades/education + certification in construction. Classroom instruction.

4c (Code: ) (Expenses \$ 51,277 including grants of \$ 43,277) (Revenue \$ 8,100 )

Provide the elderly community with home modifications so they will not have to go into nursing facilities. At the same time provide practical, employable hands on job training to young adults.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 342,697.78

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20 a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                                  | <input type="checkbox"/>            | N/A                                 |

**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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J</i> . . . . .                           |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . . |                                     | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .             |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   | <input checked="" type="checkbox"/> |                                     |
| 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .                 |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .  | <input checked="" type="checkbox"/> |                                     |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |                                     | <input checked="" type="checkbox"/> |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .  |                                     | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <input checked="" type="checkbox"/> |                                     |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

IAGO, INC

Employer identification number

30-0194393

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

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| 11g(i)   |     | ✓  |
| 11g(ii)  |     | ✓  |
| 11g(iii) |     | ✓  |
    - (ii) A family member of a person described in (i) above? 

|         |     |    |
|---------|-----|----|
|         | Yes | No |
| 11g(ii) |     | ✓  |
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

|          |     |    |
|----------|-----|----|
|          | Yes | No |
| 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? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
| (A)                                |          |   |   |    |  |    |   |    |                         |
| (B)                                |          |   |   |    |  |    |   |    |                         |
| (C)                                |          |   |   |    |  |    |   |    |                         |
| (D)                                |          |   |   |    |  |    |   |    |                         |
| (E)                                |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006 | (b) 2007 | (c) 2008            | (d) 2009 | (e) 2010              | (f) Total  |
|--|----------|----------|---------------------|----------|-----------------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | /        | /        | 12,000 <sup>?</sup> | 25,000   | 339,502 <sup>52</sup> | 376,502.52 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |                     |          |                       | - 0 -      |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |                     |          |                       | - 0 -      |
| <b>4 Total.</b> Add lines 1 through 3. . . . .   |          |          |                     |          |                       | 376,502.52 |
| <b>5</b> 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) . . . . . |          |          |                     |          |                       | - 0 -      |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |                     |          |                       | 376,502.52 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .  |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | - 0 -     |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       | - 0 -     |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |           |     |   |
|---|-----------|-----|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | 100 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 100 | % |
| <b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>  |           |     |   |
| <b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |     |   |
| <b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |     |   |
| <b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |     |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |     |   |

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open To Public Inspection**

Employer identification number

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|-----|---------------------------------|--------------------------------|----------------|----|
|     |                                 |                                | Yes            | No |
| (1) |                                 |                                |                |    |
| (2) |                                 |                                |                |    |
| (3) |                                 |                                |                |    |
| (4) |                                 |                                |                |    |
| (5) |                                 |                                |                |    |
| (6) |                                 |                                |                |    |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount | (d) Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) Edward Carter                         | ✓                                     |      | 25,000                        | 15,500          |                 | ✓  | ✓                                   |    |                        | ✓  |
| (2)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                                       |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                                      |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b>                              |                                       |      |                               | \$ 15,500       |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1)                           |   |                                   |
| (2)                           |   |                                   |
| (3)                           |   |                                   |
| (4)                           |   |                                   |
| (5)                           |   |                                   |
| (6)                           |   |                                   |
| (7)                           |   |                                   |
| (8)                           |   |                                   |
| (9)                           |   |                                   |
| (10)                          |   |                                   |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Edward Carter is husband to one of the principal officers of the corporation and is himself a principal officer.

There was no written agreement for the loan because it was provided under emergency circumstances, to keep the business going. There has since been drawn up.

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

30-0194393

Prior to this year, we did not receive enough support to be mandated to file a 990 reports

Part III - 2

Our support services are day care provisions for students to help keep them in school, work, etc., as a licensed day care, we receive public support in the form of CCDF vouchers through the state of Indiana. Additionally we give care free of charge to ones either not qualified for vouchers, or have no money to pay. Some of the proceeds also pay for materials to assist ones to get their GED or job skills.

3:00 PM  
12/22/11  
Cash Basis

I.A.G.O. Inc.  
Profit & Loss  
January 1, -December 31, 2010

| Ordinary Income/Expense            | Jan 1 – Dec 31, 10 |
|------------------------------------|--------------------|
| <b>Income</b>                      |                    |
| Work One-WIA                       | 273,156.00         |
| Real Services-CCC                  | 43,277.00          |
| Happy Hands Child Care             | 23,069.50          |
| Loans To Account                   | 33,655.52          |
| <b>Total Income</b>                | <b>339,502.52</b>  |
| <b>Gross Profit</b>                | <b>339,502.52</b>  |
| <b>Expense</b>                     |                    |
| Staff/Contractor Expense           | 159,991.79         |
| <b>Total Staffing Expense</b>      | <b>159,991.79</b>  |
| <b>Job Training Expense</b>        |                    |
| Training Supplies/Materials        | 68,584.73          |
| Student Training Stipends          | 14,973.00          |
| Liability Insurance                | 5,140.89           |
| Bus Passes/Gas Cards               | 3,344.00           |
| Subscriptions (GED, OSHA, etc.)    | 2,884.55           |
| Travel                             | 2,312.76           |
| <b>Total Job Training Expenses</b> | <b>97,239.93</b>   |
| Office Supplies                    | 11,272.88          |
| Office Rent                        | 15,950.00          |
| Office Expense                     | 7,530.94           |
| Phone                              | 3,677.91           |
| Utilities                          | 3,601.12           |
| Professional Services              | 3,734.90           |
| Advertising                        | 2,234.40           |
| Loans Repaid                       | 9,300.00           |
| Interest on Loans Paid             | 1,399.11           |
| Bank Fees                          | 1,091.41           |
| Entertainment/Meals                | 924.38             |
| Postage                            | 194.34             |
| Health Insurance                   | 3,124.00           |
| Fundraising Expense                | 1,027.78           |
| Gifts                              | 1,356.76           |
| Dues & Subscriptions               | 2,884.55           |

3:00 PM

~~8/10/11~~

Cash Basis

**I.A.G.O. Inc.**  
**Profit & Loss**  
January 1, -December 31, 2010

|                            |                   |          |
|----------------------------|-------------------|----------|
| <b>Automotive</b>          |                   |          |
| Purchase                   | 8,045.00          |          |
| Insurance                  | 2,800.00          |          |
| Maintenance & Repairs      | 5,316.58          |          |
| <b>Total Automotive</b>    | <b>16,161.58</b>  |          |
| <br>                       |                   |          |
| <b>Total Expense</b>       | <b>342,697.78</b> |          |
| <br>                       |                   |          |
| <b>Net Ordinary Income</b> | <b>-3,195.26</b>  | <b>-</b> |
| <br>                       |                   |          |
| <b>Net Income</b>          | <b>-3195.26</b>   |          |