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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 2013

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

C Name of organization TAG INC.
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1012 CAMPEAU ST.
 City or town, state or province, country, and ZIP or foreign postal code
SO. BEND INDIANA 46617

D Employer identification number 30-0194393
E Telephone number 574-386-7205
G Gross receipts \$ _____

F Name and address of principal officer
TINA PRIETO CEO 1012 CAMPEAU ST.
 H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 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 Indiana

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To build self-esteem through education and interactive learning, assisting troubled youth and ex-offenders with receiving a National Certification in Construction and (CET)</u>		
	2 Check this box <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-0-
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-0-	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,000	-0-
	9 Program service revenue (Part VIII, line 2g)	1,200	-0-
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-0-	-0-
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-0-	-0-
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,200	-0-
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-0-	-0-
	14 Benefits paid to or for members (Part IX, column (A), line 4)	-0-	-0-
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-0-	-0-
	16a Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-0-	-0-
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-0-	-0-
19 Revenue less expenses. Subtract line 18 from line 12	-0-	-0-	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	0-	0-
	21 Total liabilities (Part X, line 26)	-0-	-0-
	22 Net assets or fund balances. Subtract line 21 from line 20	-0-	-0-

Part II Signature Block Tina Prieto
 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 Tina Prieto/CEO Date 12-20-2014
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Tina Prieto Preparer's signature Tina Prieto Date 12-20-2014 Check if self-employed PTIN _____
 Firm's name TAG Firm's EIN 30-0194393
 Firm's address 1012 CAMPEAU ST Phone no 574-386-7205

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

SCANNED JAN 09 2015

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
*Assisting troubled youth with receiving a GED and a
national certification in construction working with ex-offenders
and students needing motivation and determination.*

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶

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