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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>See attached statement</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		

28 Curriculum expenses including field trip expenses, grants made to teachers for supplies & etc. and other curricular expenses that benefit the entire student population of Sugar Grove Elementary school, 667 students	<input type="checkbox"/>	28a	23803
(Grants \$ 23803) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29 Special Programs and incentives to facilitate & encourage the learning process outside the normal class room setting. These benefit approximately 1/3 of the student population.	<input type="checkbox"/>	29a	1746
(Grants \$ 1746) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30 A Grant to assist needy students of \$350 benefits 1/6 of students and a Grant of \$100 made to the Center Grove HS PTO for post prom to promote the safety of students; this will benefit all students.	<input type="checkbox"/>	30a	450
(Grants \$ 450) If this amount includes foreign grants, check here	<input type="checkbox"/>		
31 Other program services (attach schedule)	<input type="checkbox"/>	31a	17241
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	43240

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Susan Croissant 4135 West Smith Valley Rd., Greenwood, IN 46142	Asst. Facilitator ~ 5 hrs.	0	0	0
Stacie Ruff 4135 West Smith Valley Rd., Greenwood, IN 46142	Treasurer ~ 5 hours	0	0	0
Ange Zagoras 4135 West Smith Valley Rd., Greenwood, IN 46142	Asst. Treasurer ~ 5 hrs.	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<input checked="" type="checkbox"/>	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		<input checked="" type="checkbox"/>	
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		<input checked="" type="checkbox"/>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36		<input checked="" type="checkbox"/>	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/A	37a	N/A		
b Did the organization file Form 1120-POL for this year?	37b			
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<input checked="" type="checkbox"/>	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A		
39 501(c)(7) organizations. Enter:	39a	0		
a Initiation fees and capital contributions included on line 9	39b	0		
b Gross receipts, included on line 9, for public use of club facilities				
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0				
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		<input checked="" type="checkbox"/>	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d Enter amount of tax on line 40c reimbursed by the organization				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)41 List the states with which a copy of this return is filed. ► **Indiana**42a The books are in care of ► **Sugar Grove P.I.E.** Telephone no. ► (317) 887-4707
Located at ► **4135 West Smith Valley Road, Greenwood, IN** ZIP + 4 ► **46142-9009**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ► **N/A**

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ► **N/A**43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** not applicable

	Yes	No
42b	✓	
42c		✓

Please Sign Here

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

► *Angela Zegars*

Signature of officer

15-11-11

Date

► *Asst. Treasurer*

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Melanie A. Todd</i>	Date 3/10/2011	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W) P01453399
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Melanie A. Todd, CPA 3833 Chantry Way, Greenwood, IN 46143-9625		EIN ►	
			Phone no ► (317) 888-9352	

Form 990-EZ (2005)

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust)

2005

Supplementary Information—(See separate instructions.)► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Sugar Grove P I EEmployer identification number
35 2000192**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	N/A	N/A	N/A	N/A
Total number of other employees paid over \$50,000 ►				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A	N/A	N/A
Total number of others receiving over \$50,000 for professional services ►		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A	N/A	N/A
Total number of other contractors receiving over \$50,000 for other services ►		

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a	✓	
b Lending of money or other extension of credit?	2b	✓	
c Furnishing of goods, services, or facilities?	2c	✓	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓	
e Transfer of any part of its income or assets?	2e	✓	
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓	
b Do you have a section 403(b) annuity plan for your employees?	3b	✓	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓	
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓	
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ►

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2)** Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
_____	_____
_____	_____
_____	_____

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.***Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28).	21019	27360	data	data	48379
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	63725	52851	not	not	116576
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	52	18	available	available	70
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	84796	80229	data	data	165025
24 Line 23 minus line 17	21071	27378	not	not	48449
25 Enter 1% of line 23	848	802	available	available	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►			26a	N/A	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►			26b	N/A	
c Total support for section 509(a)(1) test Enter line 24, column (e)			26c	48449	
d Add: Amounts from column (e) for lines 18 <u>70</u> 19 _____ 22 _____ 26b _____			26d	70	
e Public support (line 26c minus line 26d total)			26e	48379	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			26f	99.8555 %	
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year:					
(2004) 0 (2003) 0 (2002) 0 (2001) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2004) 0 (2003) 0 (2002) 0 (2001) 0					
c Add: Amounts from column (e) for lines: 15 <u>48379</u> 16 _____ 17 <u>116576</u> 20 _____ 21 _____			27c	164955	
d Add Line 27a total. <u>0</u> and line 27b total. <u>0</u>			27d	0	
e Public support (line 27c total minus line 27d total)			27e	164955	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . ► 27f 165025			27g	99.9576 %	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			27h	.0424 %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ►					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	32b	
32c		
32d		
33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33a	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----	33b	
33c		
33d		
33e		
33f		
33g		
33h		
34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34a	
34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A: Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ► a if the organization belongs to an affiliated group. Check ► b if you checked "a" and "limited control" provisions apply

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures . . .					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? _____

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	✓	
	(ii) Other assets	✓	
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		
	(ii) Purchases of assets from a noncharitable exempt organization	✓	
	(iii) Rental of facilities, equipment, or other assets	✓	
	(iv) Reimbursement arrangements	✓	
	(v) Loans or loan guarantees	✓	
	(vi) Performance of services or membership or fundraising solicitations	✓	
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

	Yes	No
51a(i)	✓	
a(ii)	✓	
b(i)	✓	
b(ii)	✓	
b(iii)	✓	
b(iv)	✓	
b(v)	✓	
b(vi)	✓	
c	✓	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Schedule for Part I, Line 6
Form 990EZ - 2005
Schedule of Special Events
Sugar Grove P I E
35-20000192

Special Events (# of occasions that the event occurred)	Book Fair	Santa's Workshop	Market Day	All others	Total	15
	2	1	9	3		
Gross Receipts	\$ 14,421	\$ 11,096	\$ 6,006	\$ 5,004	\$ 36,526	
Less: Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	
Less: Direct Expenses	\$ 14,421	\$ 11,096	\$ 6,006	\$ 5,004	\$ 36,526	
Net Income or (loss)	\$ 9,380	\$ 7,956	\$ 2,778	\$ 3,159	\$ 23,274	
	\$ 5,041	\$ 3,139	\$ 3,227	\$ 1,845	\$ 13,252	

Schedule for Part I, Line 10
Form 990EZ - 2005
Grants and Similar Amounts Paid
Sugar Grove P I E
35-2000192

Description	Organization and Address	category	Amount
Fast Track helps with back to school supplies for needy parents & students	Center Grove Education Foundation, Greenwood, IN	charitable special program, club & incentive	\$ 350
4th Grade Family Math Night to promote Math as being fun	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 122
4th Grade Reading Lock-in or read-a-thon where students are encouraged and rewarded for their reading during program	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 430
5th Grade & Kindergarten Celebration of the students learning achievements	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 565
Club Expense Other such as Spell Bowl, Math Bowl and Science Bowl	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 80
Family Math Night for primary grades to promote Math as being fun for the family	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 84
Math Pentathlon - strategic games to facilitate logic & reasoning skills and related club expenses	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 464
1st gr kitchen cart, supplies to school to enhance curriculum instruction	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 433
2nd Grade Mini Economy - students learn about the real world economy on a mini scale they can understand as 2nd graders	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 700
2nd Grade Roller Skating Program during Physical Education class	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 702
4th Grade Indiana's Birthday to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 58
4th Grade Native Americans in IN to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 323
4th Grade Pioneer Week to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 500
5th Grade Junior Achievement Exchange city program educating youth on business, economics teaching them about adult life where kids can be grown ups for a day	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 1,800
Flat Rock T-Shirts to easily identify students on field trip funded amount not covered by parents	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 118
Free Money 2004-2005 expense - grants to teachers for supplies & etc	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 5,221
Literacy Labs (Waterford) promotes early reading skills	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 94
Media Center uses AR books & testing for reading and incentives	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 1,998
Other Grade Specific Requests for field trips and other gr level requests for special programs	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 5,113
Other Grade Specific Requests 5th Grade Flat Rock field trip	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 2,700
Sugar Grove Station specializes in small group instruction using other supplemental books &activities	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 2,000
Teacher Requests - grants for supplies, learning materials, supplies & additional enhancements	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 2,044
Center Grove HS PTO for after prom program	Center Grove High School PTO, Greenwood, IN	safety	\$ 100
	Total Grants and Similar Payments made		\$ 25,999

Schedule for Part I, Line 16
Form 990EZ - 2005

Sugar Grove P I E
35-2000192

Program Expenses	17,241
Expenses related to the Sugar Grove Sprint to encourage participation as well as health and wellness as well as facilitate this Jog-A-thon	3,827
Tax Penalty for 2004-2005	3,200
License-Copyright fee	375
Other Miscellaneous expense	150
Administrative Expense	145
Expenses to encourage and facilitate the Free Money Programs, Such as Box Tops for Education and Campbell's Soup Labels and etc.	137
Business Entity Report Filing fee	30
Supplies for Popcorn Maker	11
Total Other Expenses	<u>\$ 25,116</u>

**Statement for Part III
Form 990EZ - 2005**

**Sugar Grove P | E
35-2000192**

What is the organization's primary exempt purpose?

Sugar Grove P | E (P | E stands for Partners Involved in Education.) serves the learning community in ways other than just fundraising by maximizing parent involvement while creating a positive learning community. Our mission is to:

- 1. Give students more opportunities to be successful learners and citizens through the programs P.I.E. supports.**
- 2. Support the curriculum/instruction/assessment practices by becoming knowledgeable and active learners**
- 3. Assess P.I.E.'s work with the school's guiding principles and make smart, meaningful decisions about additional activities or changes we should make.**

Sugar Grove P.I.E. group is a true partnership whose purpose is to foster the education of our children in a safe and caring environment, through constant support, communication and understanding between the home and school. This mission is accomplished by organizing and providing enriching activities for our Sugar Grove families, raising funds to support school events and curricular programs and providing support to the Sugar Grove staff.

Statement for Part III, Line 31
Form 990EZ - 2005

Sugar Grove P I E
35-20000192

Buy One Get One Free Book fair to promote summer Reading	\$ 4,731
Program Expense to promote parent & family involvement including All Pro-dad's, Dad's Club, Family Breakfast with Santa, volunteer appreciation and the family ice cream social that occurs simultaneously with the class posting and school registration just one week before school starts	\$ 924
Year book program expense that promotes student body pride, self-confidence and self-esteem within all students	\$ 10,172
Other Program Expenses	\$ 1,414
	<u><u>\$ 17,241</u></u>

Original to PPA

**Power of Attorney
and Declaration of Representative**

► Type or print. ► See the separate instructions.

OMB No 1545-0150

For IRS Use Only

Received by

Name _____

Telephone _____

Function _____

Date / /

Part I Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address Sugar Grove P I E 4135 W Smith Valley Road Greenwood, IN 46142-9006	Social security number(s)	Employer identification number
		35 2000192
	Daytime telephone number (317) 887-4707	Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

2 Representative(s) must sign and date this form on page 2, Part II

Name and address Melanie A. Todd, CPA 3833 Chantry Way, Greenwood, IN 46143-9625	CAF No	Telephone No
	Fax No	Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address	CAF No	Telephone No
	Fax No	Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>
Name and address	CAF No	Telephone No
	Fax No	Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/> Fax No <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

3 Tax matters

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
Not-For-Profit informational returns	990 EZ and related Schedules	2005, 2006, 2007, 2008, 2009

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** ►

5 Acts authorized The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information

Exceptions An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See **Unenrolled Return Preparer** on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner)

List any specific additions or deletions to the acts otherwise authorized in this power of attorney
.....
.....
.....

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below

Name of representative to receive refund check(s) ►

7 **Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box

b If you do not want any notices or communications sent to your representative(s) check this box

8 **Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 **Signature of taxpayer(s).** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer I certify that I have the authority to execute this form on behalf of the taxpayer

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.


Signature

4/26/11

PIE facilitator
Title (if applicable)

Angela Steele
Print Name

PIN Number

Date

Sugar Grove PIE

Print name of taxpayer from line 1 if other than individual


Signature

4/26/11

PIE Treasurer
Title (if applicable)

Leslie E. Sering
Print Name

PIN Number

Date

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels K and I), see the instructions for Part II

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230
 - d Officer—a bona fide officer of the taxpayer's organization
 - e Full-Time Employee—a full-time employee of the taxpayer
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister)
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 103(d) of Circular 230)
 - h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230, section 107(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 1 of the instructions
 - k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 107(d) of Circular 230
 - l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 107(d) of Circular 230
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 103(e))

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions

Designation—Insert above letter (a–r)	Jurisdiction (state) or identification	Signature	Date
b	IN	Melanie C. Yoder, CPA	4/25/2011