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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2009 calendar year, or tax year beginning **July 1**, 2009, and ending **June 30**, 20 **10****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

**C** Name of organization**Sugar Grove P I E**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

**4315 W Smith Valley Road**

City or town, state or country, and ZIP + 4

**Greenwood, IN 46142-9006****D** Employer identification number**35-2000192****E** Telephone number**317-887-4707****F** Group Exemption Number ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **94533****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	17888	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
2	Program service revenue including government fees and contracts . . . . .	2	28159	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .
3	Membership dues and assessments . . . . .	3		20	Other changes in net assets or fund balances (attach explanation) . . . . .
4	Investment income . . . . .	4	71	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶
5a	Gross amount from sale of assets other than inventory . . . . .	5a		22	Cash, savings, and investments . . . . .
b	Less: cost or other basis and sales expenses . . . . .	5b		23	Land and buildings . . . . .
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		24	Other assets (describe ▶ not applicable) . . . . .
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check box <input type="checkbox"/> . . . . .	6		25	Total assets . . . . .
a	Gross revenue (not including \$ of contributions reported on line 1) . . . . .	6a	41717	26	Total liabilities (describe ▶ not applicable) . . . . .
b	Less: direct expenses other than fundraising expenses . . . . .	6b	26280	27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	15437		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	6698		
b	Less: cost of goods sold . . . . .	7b	6427		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	271		
8	Other revenue (describe ▶ not applicable) . . . . .	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	61826		
10	Grants and similar amounts paid (attach schedule) . . . . .	10	16559		
11	Benefits paid to or for members . . . . .	11			
12	Salaries, other compensation, and employee benefits . . . . .	12			
13	Professional fees and other payments to independent contractors . . . . .	13			
14	Occupancy rent, utilities, and maintenance . . . . .	14			
15	Printing, publications, postage, and shipping . . . . .	15	1500		
16	Other expenses (describe ▶ See Attached Schedule) . . . . .	16	25837		
17	Total expenses. Add lines 10 through 16 . . . . .	17	43896		

**Part II** **Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	51053	68983
23		
24		
25	51053	68983
26		
27	51053	68983

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUL 07 2011

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	✓
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> not applicable		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> 0	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> not applicable	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> not applicable	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ not applicable ; section 4912 ▶ not applicable ; section 4955 ▶ not applicable		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	✓
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ not applicable		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ not applicable		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>Indiana</b>		
<b>42a</b> The organization's books are in care of ▶ <b>Sugar Grove P I E</b> Telephone no. ▶ <b>317-887-4707</b> Located at ▶ <b>4135 W Smith Valley Rd., Greenwood, IN</b> ZIP + 4 ▶ <b>46142-9006</b>		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> not applicable		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>45</b>	✓

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- |  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>46</b> 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 . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

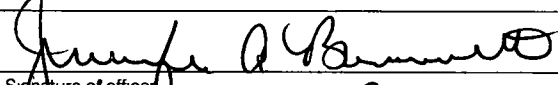
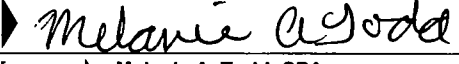
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None	not applicable	0	0	0

**f** Total number of other employees paid over \$100,000 . . . . . **0**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None	not applicable	0

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

<b>Sign Here</b>	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 of officer		5/11/11 Date	
<b>Paid Preparer's Use Only</b>	Type or print name and title Jennifer A. Bennett			
	Preparer's signature	 Date 5/10/2011	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Melanie A. Todd, CPA 3833 Chantry Way, Greenwood, IN 46143-9625		EIN 317-888-9352
			Phone no	317-888-9352

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

**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

**Sugar Grove P I E**

Employer identification number

**35 2000192**

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

(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	
<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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<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)						
<b>6 Public support.</b> 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
<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						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<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 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% 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—2009.</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—2008.</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"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22276	29459	26761	25795	17888	122179
<b>2</b> 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	13399	23693	13756	15397	28159	94404
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	42076	28836	34187	35387	48415	188901
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	77751	81988	74704	76579	94462	405484
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						405484

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	77751	81988	74704	76579	94462	405484
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81	90	107	92	71	441
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	81	90	107	92	71	441
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	77832	82078	74811	76671	94533	405925
<b>14 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>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.8914 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	99.8935 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.1086 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	.1065 %

**19a 33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

**b 33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Not Applicable**

Schedule for Part I, Line 6  
Form 990EZ - 2009  
Schedule of Special Events  
Sugar Grove P I E  
35-2000192

Special Events (# of occasions that the event occurred)	Scrip Sales 9	Book Fair 2	Carnival 1	All others 9	Total 21
Gross Receipts	\$ 13,592	\$ 12,762	\$ 8,208	\$ 7,155	\$ 41,717
Less: Contributions	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 13,592	\$ 12,762	\$ 8,208	\$ 7,155	\$ 41,717
Less: Direct Expenses	\$ 12,425	\$ 9,274	\$ 1,758	\$ 2,823	\$ 26,280
Net Income or (loss)	\$ 1,167	\$ 3,487	\$ 6,450	\$ 4,332	\$ 15,437

Schedule for Part I, Line 10  
Form 990EZ - 2009  
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 Sugar Grove Elem School	charitable	\$ 500
Special One time Grant for flower garden on playground area	&/or staff, Greenwood, IN	special grant	\$ 100
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	\$ 417
5th Grade & Kindergarten Celebration of the students learning achievements and 3rd Grade Student Appreciation Day	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 605
Club Expense Other such as Spell Bowl, Math Bowl and Science Bowl	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 185
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	\$ 753
Kindergarten Field trips Zoo to locate Zoo Phonics Animals and other	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 575
1st Grade Spring Field Trip to Wonder Lab	Sugar Grove Elem School &/or staff, Greenwood, IN	special program, club & incentive	\$ 575
2nd Grade Butterfly Hatching Science Lesson	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 145
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	\$ 685
2nd Grade Roller Skating Program during Physical Education class	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 784
2nd Grade Zoo Field trip to facilitate zoo animal report project	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 550
3rd Grade Field Fall Field Trip	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 575
4th Grade Indiana's Birthday to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 91
4th Grade Native Americans in IN to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 250
4th Grade Pioneer Week to enhance Indiana History curriculum	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 575
4th Grade Bare Books to allow the class to author their own class room book	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 210
4th Grade Wonder IN Celebration of completing the Wander IN projects	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 31
Free Money 2008-2009 expense - grants to teachers for supplies & etc	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 3,500
Leveled Book room to facilitate choosing a just right book and the reading workshop	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 649
Other Grade Specific Requests for field trips and other grade level requests for special programs	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 81
Other Grade Specific Requests 5th Grade Flat Rock field trip	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 3,300
Teacher Requests - grants for supplies, learning materials, supplies & additional enhancements	Sugar Grove Elem School &/or staff, Greenwood, IN	curriculum expense	\$ 1,323
Center Grove HS PTO for after prom program	Center Grove High School PTO, Greenwood, IN	safety	\$ 100
	<b>Total Grants and Similar Payments made</b>		<b>\$ 16,559</b>

Schedule for Part I, Line 16  
Form 990EZ - 2009

Sugar Grove P I E  
35-2000192

Program Expenses	23,414
Expenses related to the Sugar Grove Sprint to encourage participation as well as health and wellness as well as facilitate this Jog-A-thon	1,859
Expenses to encourage and facilitate the Free Money Programs, Such as Box Tops for Education and Campbell's Soup Labels and etc.	19
Administrative Expense	509
Supplies for Popcorn Maker	36
Total Other Expenses	<u>\$ 25,837</u>

Statement for Part III  
Form 990EZ - 2009

Sugar Grove P I E  
35-2000192

What is the organization's primary exempt purpose?

Sugar Grove P I E ( P I 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 - 2009

Sugar Grove P I E  
35-2000192

Buy One Get One Free Book fair to promote summer Reading	\$	8,567
Art to Remember Program Expense and Fine Arts field trip and supplies to encourage the Arts	\$	6,774
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	\$	5,611
Year book program expense that promotes student body pride, self-confidence and self-esteem within all students	\$	-
Other Program Expenses	\$	2,462
	\$	<u>23,414</u>