

NP-20State Form 51062
(R3 / 3-10)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 07 / 01 / 2009 and Ending 06 / 30 / 2010
MM/DD/YYYY MM/DD/YYYY

Check if: ☐ Change of Address
☐ Amended Report
☐ Final Report: Indicate
Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization Sugar Grove P I E		Telephone Number 317-887-4707	
Address 4135 West Smith Valley Road		County Johnson	Indiana Taxpayer Identification Number 2001031300032
City Greenwood	State IN	Zip Code 46142-9006	Federal Identification Number 35-2000192
Printed Name of Person to Contact Leslie Sering		Contact's Telephone Number 317-887-4707	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, you must also file **Form IT-20NP**.

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 9
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

Sugar Grove P I E (PIE stands for Partners Involved in Education,) serves the learning community in ways other than just fund-raising by maximizing parent involvement while creating a positive learning community. It is a true partnership whose purpose is to foster the education of our children in a safe and caring environment, through constant communication and understanding between the home and school. This 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 our Sugar Grove staff.

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee

Title

317-887-4707

Daytime Telephone Number

Date

Name of Person(s) to Contact

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone: (317) 233-4015

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

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.

- 46** 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 **Yes No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47** ☐ ☒
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ ☒
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ ☒
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ ☒
- 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**

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 *Jennifer A. Bunn* Date 5/11/11

Type or print name and title Jennifer A. Bunn met

Paid Preparer's Use Only

Preparer's signature *Melanie A. Todd* Date 5/10/2011 Check if self-employed ☒ Preparer's identifying number (See instructions) **P01453399**

Firm's name (or yours if self-employed), address, and ZIP + 4 Melanie A. Todd, CPA EIN 3833 Chantry Way, Greenwood, IN 46143-9625 Phone no. 317-888-9352

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