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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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) Sponsonng 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 \$1,000,000 and total assets less than \$2,500,000 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

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

OMB No 1545-1150

2008

Open to Public Inspection

			ar year	, or tax year beginning	11/1/08	, 2008, and end	ling 10	/31	, 20 09		
В		eck if applicable		C Name of organization			D Empl	yer id	lentification number		
\mathbb{H}		s change use IRS label or Groove Inc					46	46 0459062			
H	Name cha Initial retu	•	print or	Number and street (or P O box	, if mail is not deliv	ered to street address) F	Room/suite E Telep	hone	number		
H	Terminati		type. See	PO Box 528			(60:	5)	368-2530		
Ħ	Amended	-	Specific	City or town, state or country, a	and ZIP + 4		F Grou				
		on pending	Instruc- tions.	Sioux Falls SD 57101				er.			
			organiz	ations and 4947(a)(1) nonexen	nnt charitable tr	usts must attach	G Accounting me				
		07 00 1 07 07		npleted Schedule A (Form 990		usis must attacm	Other (specify)		M Casii McCidai		
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, c. ccc,						
									organization is not		
	required to atta								chedule B (Form 990,		
						47(a)(1) or 🔲 527					
K	Check ▶	► Lifthe org	ganızatıd	on is not a section 509(a)(3) supp	porting organization	on and its gross receip	ots are normally not	more	than \$25,000. A return is		
				ization chooses to file a return, b							
				ne 9 to determine gross receipts;				▶ \$			
Lit	art I	Revenue,	, Expe	nses, and Changes in N	<u>let Assets or</u>	Fund Balances (See the instruct	ions			
	1	Contribution	ns, gifts	s, grants, and similar amounts	received			1_	4532		
_	2	Program so	ervice i	revenue including governme	nt fees and cor	ntracts		_2	12788		
2010	3	Membersh	ip dues	s and assessments				3_	49725		
\sim	4	Investment	incom	ne				4	19		
r ==1	5a			m sale of assets other than			7800				
67 9	b			er basis and sales expenses			12000]			
$\frac{4}{8}$	C			sale of assets other than inver			ittach schedule)	5c	-4200		
≥	6			vities (complete applicable parts of So	• .	• •	•				
	а			ot including \$			con noise >				
.ue	a					1 6-1	16027				
		reported or		•		· · ·	70027				
SCAMMED WAR	0			nses other than fundraising ss) from special events and		· · · 	o 6o)	6c	16027		
3	C				•	1 _ 1	e oa)	 0 C	10027		
1/2)	7a			ventory, less returns and allo		75		1			
	b	Less: cost	_					7c			
	C		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8 9			dd lines 1, 2, 3, 4, 5c, 6c, 7	e and 0)	8	70004		
								9	78891		
	10			r amounts paid (attach sche				10			
	11			or for members				11			
enses	12	Salaries, of	ther co	mpensation, and employee	benefits			12			
ĕ	13	Profession	al fees	and other payments to inde	pendent contra	ctors		13	27100		
Exp	14	Occupancy	y, rent,	utilities, and maintenance .				14	11164		
ш	15	Printing, pu	ublicati	ons, postage, and shipping.				15	1103		
	16	Other expe	enses (d	ons, postage, and shipping . describe ► <u>Music Equipm</u>	ent/supplies;]	ravel & Competition	on Costs	16	22607		
	17	Total expe	enses.	Add lines 10 through 16 .	· · · · · · ·	<u> </u>	<u> ▶</u>	17	61974		
တ္က	18	Excess or	(deficit)) for the year (Subtract line 1	17 from line 9).			18	16917		
Assets	19			nd balances at beginning of							
As				e reported on prior year's re				19	65519		
Net .	20			net assets or fund balances				20			
Z	21			d balances at end of year. C				21	82436		
Pa	rt II			s. If Total assets on line 25,					d of Form 990-EZ.		
				See the instructions for Part			(A) Beginning of		(B) End of year		
20	Cool	h cavinae a	•		•			25 2			
22		and and buildings							3		
23							710	54 2			
24		Total assets						79 2			
25											
26	Tota							60 2	· ·		
27								19 2			
ror	rrivac	y ACT and Pa	ומא ואלי	K NEUUGIION ACT NOTICE, SEE T	かに いっいりにいいい い	ル T U//// 33U.	Cat No 106421		Form 990-EZ (2008)		

					- 3-
Part III Statement of Program Service Accom			<u>III.)</u>		Expenses
What is the organization's primary exempt purpose? N	lusic Education and Perfo	ormance		(Red	quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization the continuous describes describes the continuous describes the continuous describes describes the continuous describes d	ation's exempt purposes. In	a clear and cond	ise manner,	and	4947(a)(1) trusts:
describe the services provided, the number of persons be				opti	onal for others)
28 Percussion/music education for 90 students, giv					
music, including innovative marching shows. Al			nunity as		
part of a group that upholds and teaches high me (Grants \$) If this amount include		·			0407
				28a	61974
29					•
(Grants \$) If this amount inclu				29a	
30				234	
	udes foreign grants, check			30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount inclu	udes foreign grants, check	here	. ▶ 🗆	31a	
32 Total program service expenses (add lines 28a th	rough 31a)			32	
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	tructio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
	devoted to position	enter -0)	deferred compen		other allowances
Shelly Murra	President 4 Hrs				
517 E. Sandpiper Trl Sioux Falls SD		0		0	0
Paul Dyke	Vice President 2 Hrs	_			
46572 257th St Hartford SD		0		0	0
Steven Pfeiffer	Treasurer 4 Hrs				_
46545 269th St Sioux Falls SD		0		0	0
Pete Hansen	Exec Dir. 10-15 Hrs	44450		^	
2800 S Lyndale Sioux Falls SD		14450		0	U
Leon Stohl	Vice President 2 Hrs			_	,
1028 N Shenadoah Circle Sioux Falls SD Tom Stritecky		0		0	
1500 4th Ave Sioux Falls SD	Past President 4 Hrs	0		0	,
1000 till Ave Gloux i alls GD					
	·**				

Form	990-EZ (2008).		P	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			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		 ✓
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		1
35	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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
ь	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," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b		✓
	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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			ĺ
	Initiation fees and capital contributions included on line 9	\dashv		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 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," complete Schedule L, Part I	40b		✓
С	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			
	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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ NA			
42 a	The books are in care of ► Steven Pfeiffer Telephone no. ► (605		68-25	<u> 30</u>
	Located at ► 46545 269th St Sioux Falls SD ZIP + 4 ►	571	06	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	
	account)?	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country:			_
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		•	▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
45 	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	45		

Form 9	90-EZ (2	008)						P	age 4
Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 at	. All section 501(cond 51.	c)(3) organiz	ations mus	st answer questi	ons 46	5–49	
46	Did the	organization engage in direct or indirect p	olitical campaign ad	tivities on be	ehalf of or in	opposition to		Yes	
		ates for public office? If "Yes," complete S			46		√		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.								/
	trace in the second sec								_
50	Comple	ete this table for the five highest compensa	ated employees (oth	er than office		s, trustees and key	49b y emplo	yees) who
	_	each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average hours per week (c) Compensation (d) Contributions to employee benefit plans &						(e) Expense account and	
None		than \$100,000	devoted to position			deferred compensation	other a		
	Y								
Total	numbe	r of other employees paid over \$100,000 ▶	·						
		ete this table for the five highest compensansation from the organization. If there is no		intractors wh	o each rece	ived more than \$1	100,000	of	
	(a) Name and address of each independent contractor p 	oald more than \$100,000		(b) Typ	pe of service	(c) Com	pensa	tion
None	e 								
									
Total Sign		under penalties of perjury, I declare that I have examinand belief, it is true correct, and complete. Declaration	ned this return, including	accompanying :	schedules and s ed on all inform	statements, and to the lation of which prepare	best of mer has an	y knov y knov	vledge vledge
Here		Signature of officer				ate			
11010		Steven Pfeiffer, Treasurer, Groove, Inc. Type or print name and title).						
Paid Prepa		Preparer's signature		Date	Check if self- employed ▶	Preparer's Identifying	Number (S	See insti	uctions)
Use C	Inly	Firm's name (or yours if self-employed), address, and ZIP + 4			E P	hone no ► ()			
May		discuss this return with the preparer show	n above? See instr	uctions .			☐ Ye		No (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number Groove Inc 46 0459062 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: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). (Attach Schedule H.) 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 33\% % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Nο No Yes

Total

Par	(Complete only if you check	anizations D ked the box o	Described in on line 5, 7, o	Sections 170 or 8 of Part I.))))	and 170(b)(1)(A)(vi)
_	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29265	54946	83852	62542	54257	284862
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	29265	54946	83852	62542	54257	284862
5	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
6	Public support. Subtract line 5 from line 4.						284862
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	29265	54946	83852	62542	54257	284862
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			273	104	19	396
9	Net income from unrelated business activities, whether or not the business is regularly carried on	:					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						285258
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for	•	,		or fifth tax w	12 ear as a sectio	123017
	organization, check this box and stop he	re	<u> </u>	· · · · ·	-		🕨 🗷
	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (line 6	• • • • • • • • • • • • • • • • • • • •	•	I, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Sch					15	<u> </u>
16a	33% % support test—2008. If the organization qualifies				ine 14 is 33% 9 · · · · ·	or more, che	ck this box ► □
b	33% % support test—2007. If the organization qua						_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circun	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2007. more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, c organization qua	theck this box a difies as a public	nd stop here . ly supported or	Explain in Part ganization	IV how the

	tion A. Public Support	(-) 0001	(h) 0000	(.) 0000	/-N 0000	T	T 10 = 1
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
^	any "unusual grants.")					-	_
2	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					 	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5					ļ	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified]			
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	-					
•	line 6)					 	
Sec	tion B. Total Support		•			<u> </u>	
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
h							
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on					1	
_							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)			1			
	` '						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	he organizatio	n's first, seco	nd, third, fourtl	n, or fifth tax y	ear as a se	ection 501(c)(3)
	organization, check this box and stop h				•	*	* * * * * *
Sec	tion C. Computation of Public Sup	port Perce	ntage				
5	Public support percentage for 2008 (line	e 8, column (f) divided by lii	ne 13, column	(f))	15	%
16	Public support percentage from 2007 S	chedule A, Pa	art IV-A, line 2	7g	<u> </u>	16	%
Sec	tion D. Computation of Investmen	t Income Po	ercentage				
7	Investment income percentage for 2008	l (line 10c. co	lumn (f) dıvide	d by line 13. c	olumn (f))	17	%
<i>.</i> 8	Investment income percentage from 200	•				18	%
9a	· · · · · · · · · · · · · · · · · · ·				and line 15 is r	more than 3	3½ %, and line
	17 is not more than 331/2 %, check this bo						
b	331/3 % support tests-2007. If the organi						
-	line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization of		-				-

Correcting A (F)	orm 990 or 990-EZ) 2008 Pa	ige 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 1 Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	0;
	•	
•••••		
•		
	·	
		- 2-2