

200005

OMB No 1545-1150

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

1999

This Form is Open to Public Inspection

AUG 20 2004

Department of the Treasury Internal Revenue Service

990-EZ

For the 1999 calendar year, OR tax year beginning June 1, 1999, and ending May 31, 2000

Check if <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting) <input type="checkbox"/> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <u> </u>	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>Mel-Hi Band Parents Association Inc</u>		D Employer identification number <u>59:2449843</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P.O. Box 1821</u>		E Telephone number <u>(321) 729-4622</u>
		City or town, state or country, and ZIP + 4 <u>Melbourne FL 32902</u>		F Check <input checked="" type="checkbox"/> if exemption application is pending
				H Enter four-digit group exemption number (GEN) <u> </u>

I Type of organization— Exempt under section 501(c)(3) (insert number) OR section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990)

J Check if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) **\$ 45,000**
 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)																								12,490		
	2	Program service revenue including government fees and contracts																								—		
	3	Membership dues and assessments																								—		
	4	Investment income																								—		
	5a	Gross amount from sale of assets other than inventory																								—		
	5b	Less: cost or other basis and sales expenses																								—		
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																								—		
	6	Special events and activities (attach schedule):																										
	6a	Gross revenue (not including \$ <u>990</u> of contributions reported on line 1)																								32,510		
	6b	Less: direct expenses other than fundraising expenses																								21,200		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																								11,310			
7a	Gross sales of inventory, less returns and allowances																								—			
7b	Less: cost of goods sold																								—			
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																								—			
8	Other revenue (describe <u> </u>)																								—			
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																								23,800			
Expenses	10	Grants and similar amounts paid (attach schedule)																								—		
	11	Benefits paid to or for members																								—		
	12	Salaries, other compensation, and employee benefits																								—		
	13	Professional fees and other payments to independent contractors																								—		
	14	Occupancy, rent, utilities, and maintenance																								—		
	15	Printing, publications, postage, and shipping																								1,289		
	16	Other expenses (describe <u>Uniform cleaning, festival fees, transportation + lodging</u>)																								21,011		
	17	Total expenses (add lines 10 through 16)																								22,300		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																								1,500		
	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)																								10,546		
	20	Other changes in net assets or fund balances (attach explanation)																								—		
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																								12,046		

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

(See Specific Instructions on page 36)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	10,546	12,046
23	Land and buildings	—	—
24	Other assets (describe <u> </u>)	—	—
25	Total assets	10,546	12,046
26	Total liabilities (describe <u> </u>)	—	—
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,546	12,046

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat No 106421

Form 990-EZ (1999)

AUG 03 2004 STATUTE CLEAR

SCANNED SEP 08 2004

137 EXPENSES

9-1-9

24

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)		Expenses
What is the organization's primary exempt purpose? <u>Support Mel-Hi Instrumental Music Dept</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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	<u>Provide "pop" music and half-time entertainment at all home football games and select away games for Melbourne High School</u> (Grants \$ <u>—</u>)	28a 10,505
29	<u>Participate in two Florida Bandmaster Association Marching Band Competitions. Band received the highest rating obtainable.</u> (Grants \$ <u>—</u>)	29a 6,303
30	<u>Perform a Winter Holiday and a Spring Concert serving the school and local community with concert band, symphonic band, jazz band, orchestra and wind ensembles</u> (Grants \$ <u>—</u>)	30a 4,202
31	Other program services (attach schedule) (Grants \$ <u>—</u>)	31a —
32	Total program service expenses (add lines 28a through 31a)	32 21,010

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 36.)				
(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
<u>Martyn Eastwood</u> <u>1131 Early Dr. N.W. Palm Bay, FL 32907</u>	<u>President</u> <u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Susan BORES</u> <u>1240 Coventry Cr. Melbourne, FL 32904</u>	<u>Vice-President</u> <u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Eve Owens</u> <u>1199 Sloan St, N.W. Palm Bay, FL 32907</u>	<u>Treasurer</u> <u>5</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Kathy Boomer</u> <u>709 W. Bonnie Cr. Melbourne FL 32901</u>	<u>Secretary</u> <u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (See Specific Instructions on page 37.)		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		X
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.		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
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?		X
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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b <u>—</u>		
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39a <u>—</u>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <u>—</u>		
40a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>—</u> ; section 4912 ▶ <u>—</u> ; section 4955 ▶ <u>—</u>		
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		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ <u>—</u>		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ <u>—</u>		
41	List the states with which a copy of this return is filed. ▶ <u>—</u>		
42	The books are in care of ▶ <u>Patrick B. Gillis</u> Located at ▶ <u>7926 Timberlake Dr. W. Melb</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: <u>—</u>		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (Important: See General Instruction U, page 14)

[Signature] 1/7/01
Signature of officer Date

Paid Preparer's Use Only

Preparer's signature ▶
Firm's name (or yours if self-employed) and address ▶



**SCHEDULE A
(Form 990)**

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 Section 4947(a)(1) Nonexempt Charitable Trust

1999

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Mel-H. Band Parents Association Inc.

Employer identification number

59: 2449843

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
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Total number of other employees paid over \$50,000 ▶	<i>0</i>			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 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
<i>None</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>
<i>None</i>	<i>N/A</i>	<i>N/A</i>
Total number of others receiving over \$50,000 for professional services ▶	<i>0</i>	

Part III Statements About Activities

	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 ▶ \$ _____ 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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 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, page 4.)
- 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)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
Melbourne High School	6

- 14** An organization organized and operated to test for public safety. Section 509(a)(4) (See page 4 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
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					
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.					
24 Line 23 minus line 17.					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ▶	26a	
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1998) _____ (1997) _____ (1996) _____ (1995) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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.

(1998) _____ (1997) _____ (1996) _____ (1995) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add: Line 27a total _____ and line 27b total _____ ▶	27d	
e Public support (line 27c total minus line 27d total). ▶	27e	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)

Part V Private School Questionnaire (See page 4 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?		
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?		
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)		
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?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
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?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
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		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39).	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40.	}	
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 7 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(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 8 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:

	Yes	No	Amount
a Volunteers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
c Media advertisements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
d Mailings to members, legislators, or the public	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
e Publications, or published or broadcast statements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
f Grants to other organizations for lobbying purposes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
i Total lobbying expenditures (add lines c through h).			—

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

FORM 990-EZ
Mel-Hi Band Parents Association

1999
59-2449843

Explanation for Filing of Late Return

Former Treasurer and members of the Board were not familiar with IRS filing requirements associated with a 501(c)(3) organization. This lack of familiarity resulted in the failure to file the necessary IRS FORM 990-EZ for tax year ending May 31, 2000. This situation has been corrected. The Mel-Hi Band Parents Association Board of Directors have been advised as to the statutory requirements attendant to maintaining the organization's 501(c)(3) status. In addition, the organization is using an accounting software package, *BandLedger Millennium*, to increase its internal controls and accounting records. Transition training will be in place to provide new board members with knowledge of the reporting requirements and accounting practices to ensure, prospectively, continuity in satisfying our regulatory reporting requirements.

Kindest Regards,



Patrick B. Gillis
Treasurer & Director
Mel-Hi Band Parents Association, Inc
Board of Directors

Part IV List of Officers, Directors, Trustees and Key Employees (continued):

(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
Patti Eastwood 1131 Early Dr , NW Palm Bay, FL 32907	Co-Treasurer 3	0	0	0