

Filing Relief VCP

OMB No 1545 1150

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)

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

Form fields for organization name (Holliston Music Parents Association), address (103 Richard Rd., Holliston MA 01746), and employer identification number (04-3555890).

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

Web site: hollistonmusicparents.org. Organization type: 501(c) () (insert no) 4947(a)(1) or 527.

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 68,603.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows detailing revenue (Total revenue: 55,827) and expenses (Total expenses: 44,256), resulting in net assets of 11,571.

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

Table with 7 rows detailing assets (Total assets: 11,571) and liabilities (Total liabilities: 0), resulting in net assets of 11,571.

STATUTE CLEARED

SCANNED DEC 01 2010

STATUTE UNIT RECEIVED NOV 08 2010 IRS BRANCH OGDEN

Handwritten initials and date: P 1/6 1/06

Part III · Statement of Program Service Accomplishments (See Instructions)		Expenses	
What is the organization's primary exempt purpose? <u>charitable, educational purposes</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>Each year, the HMPA distributes funds to support improved music education in the schools</u> <u>6/30/06 purchases of risers, instruments, micriphones</u> <u>amplifiers, stereo equipment, curriculum enhancements etc.</u> (Grants \$ <u>44,004.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	44,004.
29	<u>Graduating Senior scholarships for seniors who have</u> <u>been involved with band, chorus or drama programs.</u> (Grants \$ <u>2,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,000.
30	<u>Jo Dee Messina Musical Scholarship</u> <u>For a senior who plans to major in music in college.</u> (Grants \$ <u>1,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,000.
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	47,004.

Part IV · List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See 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 and deferred compensation	(E) Expense account and other allowances
<u>Joan Carragher</u> <u>295 Marked Tree Rd.</u> <u>Holliston, MA 01746</u>	President 5	0.	0.	0.
<u>Meryl Kriegsman</u> <u>103 Richard Rd.</u> <u>Holliston, MA 01746</u>	VP 5	0.	0.	0.
<u>Karen Bachrach</u> <u>185 Underwood St.</u> <u>Holliston, MA 01746</u>	Treasurer 5	0.	0.	0.

Part V · Other Information (Note the attachment requirement in the instructions)		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	<i>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.</i>		
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?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmnt)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <u>0.</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 sch specified in the ln 38 instructions and enter the amount involved <input type="checkbox"/> 38b <u>N/A</u>		
39	501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39a		
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39b		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____; section 4955 <input type="checkbox"/> _____		
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	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

Part V - Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ MA

42 a The books are in care of ▶ Meryl Kriegsman Telephone no ▶ (508) 429-7392
 Located at ▶ 103 Richard Road, Holliston, MA ZIP + 4 ▶ 01746

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)?

	Yes	No
42b		X
42c		X

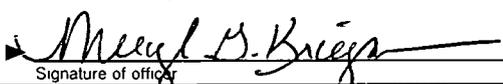
If 'Yes,' enter the name of the foreign country ▶ _____

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 ▶ _____

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 N/A

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			
	 Signature of officer	<u>10-15-10</u> Date	▶ <u>Meryl Kriegsman, President</u> Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ 	Date ▶ <u>09/12/08</u>	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>SDB Accounting & Tax Services</u> <u>23 Water Street</u> <u>Holliston MA 01746</u>	EIN ▶ _____	Phone no ▶ <u>(508) 893-0875</u>	

Form 990-EZ, Part I, Line 6

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Benefit Concert	44,653.	0.	44,653.	9,924.	34,729.
High School Play	2,177.	0.	2,177.	1,524.	653.
Holliston Pops Night	5,738.	0.	5,738.	1,178.	4,560.
Others	429.	0.	429.	150.	279.
Total	<u>52,997.</u>	<u>0.</u>	<u>52,997.</u>	<u>12,776.</u>	<u>40,221.</u>

Supporting Statement of:

Form 990-EZ/Line 10

Description	Amount
Equipment and instrument grant	44,004.
Total	<u>44,004.</u>

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Cash	2,571.
Jo Dee Scholarship Cash	9,000.
Total	<u>11,571.</u>