

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 8/01, 2001, and ending 7/31, 2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST 407 HIGHLAND AVENUE WINCHESTER, MA 01890

D Employer identification number 04-6510295 E Telephone number 781-721-2950 F Accounting method Cash [X] Accrual [] Other (specify)

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

H and I are not applicable to Section 527 organizations H (a) Is this a group return for affiliates? Yes [] No [X] H (b) If yes enter number of affiliates H (c) Are all affiliates included? Yes [] No [] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X] I Enter 4 digit group GEN M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] 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, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,044,900

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp dated FEB 13 2003 from OGDEN, UT.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	64,000	48,000	16,000
26	Other salaries and wages	26	594,541	445,330	9,372
27	Pension plan contributions	27			
28	Other employee benefits	28	10,923	3,509	156
29	Payroll taxes	29	62,314	42,139	2,401
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	88,907	62,552	26,355
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	143,012	47,044	3,310
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D) carry these totals to lines 13-15	44	963,697	600,574	331,884

Joint Costs Check if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If Yes, enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a	WINCHESTER COMMUNITY MUSIC SCHOOL TRUST PROVIDES MUSIC LESSONS AND INSTRUCTIONS. THE EXPENSES REPORTED IN PART II ABOVE DIRECTLY RELATE TO THE PERFORMANCE OF PROGRAM SERVICES (Grants and allocations \$ _____)	600,574
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	600,574

Part IV Balance Sheets (See instructions)

Note		Where required attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45	Cash - non interest bearing			45	
	46	Savings and temporary cash investments		155,981	46	400,843
	47 a	Accounts receivable	47 a 1,013			
		b Less allowance for doubtful accounts	47 b	2,730	47 c	1,013
	48 a	Pledges receivable	48 a 242,664			
		b Less allowance for doubtful accounts	48 b	291,406	48 c	242,664
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a	Other notes & loans receivable (attach sch)	51 a			
		b Less allowance for doubtful accounts	51 b		51 c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		11,264	53	13,450
	54	Investments - securities (attach schedule) MUTUAL FDS. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,466,282	54	1,346,061
	55 a	Investments - land, buildings, & equipment basis	55 a			
	b Less accumulated depreciation (attach schedule)	55 b		55 c		
56	Investments - other (attach schedule)			56		
57 a	Land, buildings, and equipment basis	57 a 3,332,051				
	b Less accumulated depreciation (attach schedule) STATEMENT 4	57 b 309,868	3,104,204	57 c	3,022,183	
58	Other assets (describe SEE STATEMENT 5)			58	2,000	
59	Total assets (add lines 45 through 58) (must equal line 74)		5,031,867	59	5,028,214	
LIABILITIES	60	Accounts payable and accrued expenses		37,365	60	28,759
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64 a	Tax exempt bond liabilities (attach schedule)			64 a	
		b Mortgages and other notes payable (attach schedule)			64 b	
65	Other liabilities (describe SEE STATEMENT 6)		64,966	65	161,786	
66	Total liabilities (add lines 60 through 65)		102,331	66	190,545	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		4,612,617	67	4,476,334
	68	Temporarily restricted		316,919	68	361,335
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		4,929,536	73	4,837,669
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		5,031,867	74	5,028,214

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a		X
	b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0	
	b Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
	b Did the organization make only in house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
	c Dues, assessments, and similar amounts from members	85c	N/A	
	d Section 162(e) lobbying and political expenditures	85d	N/A	
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A	
	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ <u>0</u> , Section 4912 ▶ <u>0</u> , Section 4955 ▶ <u>0</u>			
	b 501(c)(3) and 501(c)(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 a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ <u>MASSACHUSETTS</u>			
	b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		25
91	The books are in care of ▶ <u>LAURIE RUSSELL</u> Telephone number ▶ <u>781-721-2950</u> Located at ▶ <u>407 HIGHLAND AVE, WINCHESTER, MA</u> ZIP + 4 ▶ <u>01890</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a TUITION AND FEES					855,333
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	4,634	
96 Dividends & interest from securities			14	52,847	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				57,481	855,333
105 Total (add line 104, columns (B), (D), and (E))					912,814

Note Line 105 plus line 1d Part I should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If Yes to (b), file Form 8870 and Form 4720 (see instructions)

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.

Prepared by: [Signature] Date: 2/10/03
 Director

Schedule A
(Form 990 or 990-EZ)

**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 Supplementary Information - (See separate instructions)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST

Employer Identification Number

04-6510295

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>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</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>Note 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</p>		

Part IV Reason for Non-Private Foundation Status (See 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)
- 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)(ii) **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)
- 11 a 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)
- 11 b 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 instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related 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 N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for Section 509(a)(1) test. Enter line 24, column (e)

d Add: Amounts from column (e) for lines 18 _____ 19 _____
 22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	
26b	
26c	
26d	
26e	
26f	%

27 Organizations described on line 12 N/A

a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year.

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records 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.) Do not file this list with your return. 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.

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____
 17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	
27d	
27e	
27f	
27g	%
27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. N/A

Part V Private School Questionnaire (See 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?	X	
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?	X	
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) NO BROADCAST MEDIA USED ALL STUDENTS ARE RACIALLY ACCEPTED BROCHURES STATE "THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL ORIGIN "		X
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?		X
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) SEE STATEMENT 9		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?		X
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		X
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	X	

Part VI-A: Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed Only by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable 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 instructions)

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

CLIENT 5695

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST

04-6510295

1/31/03

04 39PM

**STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED LOSS ON INVESTMENTS

TOTAL \$ -173,070
\$ -173,070

**STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CONFERENCE/DUES	4,762	4,762		
CONSULTING/ACCOUNTING	13,723		13,723	
FUNDRAISING	1,414			1,414
INSURANCE	8,058	4,029	4,029	
MAINTENANCE	37,051		37,051	
MUSIC & EQUIPMENT	11,574	11,574		
OFFICE EXPENSES	33,474	15,789	15,789	1,896
PROMOTION	10,890	10,890		
UTILITIES	22,066		22,066	
TOTAL	\$ 143,012	\$ 47,044	\$ 92,658	\$ 3,310

**STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST PROVIDES THE CONTINUENCE OF MUSIC EDUCATION AND LESSONS TO STUDENTS

**STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
BUILDINGS	\$ 3,332,051	\$ 309,868	\$ 3,022,183
TOTAL	\$ 3,332,051	\$ 309,868	\$ 3,022,183

**STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS**

ARTWORK

TOTAL \$ 2,000
\$ 2,000

CLIENT 5695

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST

04-6510295

1/29/03

04 27PM

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

PREPAID TUITION

	\$	161,786
TOTAL	\$	<u>161,786</u>

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LAURIE RUSSELL 312 HIGH STREET MEDFORD MA 02155	EXECUTIVE DIREC 40	\$ 64 000	\$ 2 697	\$ 0
SEE STMT ATTACHED	AS REQUIRED	0	0	0
		TOTAL \$ <u>64,000</u>	\$ <u>2,697</u>	\$ <u>0</u>

STATEMENT 8
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93	WINCHESTER COMMUNITY MUSIC SCHOOL TRUST OFFERS A FULL RANGE OF INSTRUMENTAL AND VOCAL LESSONS INCLUDING MUSIC FOR SPECIAL NEEDS STUDENTS, TO STUDENTS OF ALL AGES WINCHESTER COMMUNITY MUSIC SCHOOL TRUST COMPLEMENTS MUSIC IN THE PUBLIC SCHOOLS AND COMMUNITY THEY OFFER TUITION ASSISTANCE TO ENSURE THAT THEIR PROGRAMS ARE ACCESSIBLE

STATEMENT 9
SCHEDULE A, PART V, LINE 32
EXPLANATION

NO STUDENT IS EVER TURNED AWAY OUR POLICY ADMITS ALL WITHOUT DISCRIMINATION
THERE IS NO INQUIRY AS TO RACIAL BACKGROUND

WINCHESTER COMMUNITY MUSIC SCHOOL
BOARD OF TRUSTEES 2001-2002

04-6510295

<u>Term of office ending at Annual Meeting, June 2004</u>			
Brian J Casserly 24 Symmes Road		781-729-4639 (h) 781-944-0040 (w)	Fax e-mail casserly@mediaone.net
Carol S Kent * 5 Chestnut St	Chair	781-729-7089 (h)	Fax 781-729-7089 e-mail jecsk@aol.com
Justin L Magee 8 Ridgefield Road		781-729-7536 (h) 781-935-8000 (w)	Fax 781-935-1990 (w)
Cindy Stack 6 Arbor Lane <i>until 6/30/01</i> 54 Myopia Road		781-721-9716	Fax 781-721-3331 e-mail clstack@hotmail.com
Jacqueline Welch 27 Everett Avenue		781-729-3348	Fax 781-729-3342 e-mail jacwelch@mediaone.net
<u>Term of office ending at Annual Meeting, June 2003</u>			
Tam D Anton * 5 Oakland Circle	Vice-Chair	781-721-7210	Fax 781-721-6987 e-mail tamianton@mediaone.net
John M Dacey 20 Hillcrest Parkway	Planning	781-721-2227 781-721-4844	Fax 721-5522 e-mail john.dacey@usa.net
Rose Regan 6 Wolcott Road	Events	781-721-4856	Fax e-mail
Margaret M Roll 7 Wainwright Road, Unit 45	Secretary	781-729-2977	Fax 781-729-7669 e-mail jayroller@aol.com
Melodie A Wing 189 Mystic Valley Parkway	Legal Nominating	781-721-2364	Fax e-mail szabo-wing@mediaone.net
John A Wortmann, Jr 10 Fells Road	Legal Nominating	781-729-0713 (h) 617-748-3207 (w)	Fax (617) 748-3695 (w) e-mail wortmann10@aol.com (h) e-mail john.wortmann@usdoj.gov (w)
<u>Term of office ending at Annual Meeting, June 2002</u>			
Rev H Green * 10 Mt Pleasant St	Treasurer Budget Com Chair	781-729-0167 (h)	Fax (781) 729-0167 e-mail rgreen@hotmail.com
Maryann McCall-Taylor 8 Sanborn St	Secretary	781-729-6258 (h) 781-862-0500 x242 (w)	Fax 781-861-2748 e-mail maryannmt@aol.com (h) e-mail mmccall@ci.lexington.ma.us (w)
Scott F Powers 45 Wildwood St	Investments Budget	729-2033 (h) (617) 722-7972 (w)	Fax (617) 722-7311 e-mail powers.sf@tbcam.com
Thomas C Rolfs 5 Squanto Road	At large	781-721-6118	Fax (781) 721-0133 e-mail arolfs@aol.com

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization WINCHESTER COMMUNITY MUSIC SCHOOL TRUST	Employer Identification Number 04-6510295
	Number, Street and Room or Suite Number If a P O Box, see instructions 407 HIGHLAND AVENUE	
	City, Town or Post Office For a foreign address, see instructions WINCHESTER, MA 01890	
	State	ZIP Code

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until 3/15, 20 03, to file the exempt organization return for the organization named above The extension is for the organization's return for

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 8/01, 20 01, and ending 7/31, 20 02

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

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, and that I am authorized to prepare this form

Signature ▶ Kathleen M Wash

Title ▶ CPA

Date ▶ 12/13/02