

Form **990**

# 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)

OMB No 1545-0047

# 2004

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 2004 calendar year, or tax year beginning **AUG 1, 2004** and ending **JUL 31, 2005**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>WINCHESTER COMMUNITY MUSIC SCHOOL TRUST</b>	<b>D</b> Employer identification number <b>04-6510295</b>
		Number and street (or P.O. box if mail is not delivered to street address) <b>407 HIGHLAND AVENUE</b>	Room/suite <b></b>
		City or town, state or country, and ZIP + 4 <b>WINCHESTER, MA 01890</b>	<b>E</b> Telephone number <b>781-721-2950</b>
		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify) <b></b>	

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  
**H(b)** If "Yes," enter number of affiliates

**G** Website: **N/A**

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

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**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.

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,840,952.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>101,282.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>11,250.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>110,067.</b> noncash \$ <b>2,465.</b> )	<b>1d</b>			<b>112,532.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>1,018,500.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>502.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>46,252.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe <b></b> )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>663,166.</b>	<b>8a</b>			
	<b>634,578.</b>	<b>8b</b>			
	<b>28,588.</b>	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			<b>28,588.</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b></b> of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>1,206,374.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>856,605.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>326,948.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>31,839.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>1,215,392.</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-9,018.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>4,768,691.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>		<b>159,338.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>4,919,011.</b>

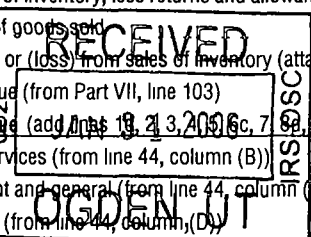
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

913-14

SCANNED FEB 14 2006



**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. Page 2

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 (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	71,995.	21,599.	35,997.	14,399.
26	Other salaries and wages	762,182.	585,755.	165,942.	10,485.
27	Pension plan contributions				
28	Other employee benefits	12,363.	1,227.	10,544.	592.
29	Payroll taxes	80,846.	61,234.	17,460.	2,152.
30	Professional fundraising fees				
31	Accounting fees	9,225.		9,225.	
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	93,167.	64,258.	28,909.	
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	<b>SEE STATEMENT 3</b>	185,614.	122,532.	58,871.	4,211.
44	<b>Total functional expenses (add lines 22 through 43)</b> Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,215,392.	856,605.	326,948.	31,839.

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? <b>SEE STATEMENT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a WINCHESTER COMMUNITY MUSIC SCHOOL TRUST PROVIDES MUSIC LESSONS AND INSRUCTIONS. THE EXPENSES REPORTED IN PART II ABOVE DIRECTLY RELATE TO THE PERFORMANCE OF PROGRAM SERVICES. (Grants and allocations \$ _____)	856,605.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>856,605.</b>

**Part IV Balance Sheets**

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	249,661.	46 184,719.	
	47 a Accounts receivable	47a 102.		
	b Less: allowance for doubtful accounts	47b	47c 102.	
	48 a Pledges receivable	48a 10,650.		
	b Less: allowance for doubtful accounts	48b 691.	48c 9,959.	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 4,250.		
	b Less: allowance for doubtful accounts	51b	51c 4,250.	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	16,488.	53 23,253.	
	54 Investments - securities	STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,785,113.	54 2,018,414.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 3,416,209.			
b Less: accumulated depreciation	STMT 5 57b 583,146.	2,887,304.	57c 2,833,063.	
58 Other assets (describe <b>▶ ARTWORK</b> )		2,000.	58 2,000.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		4,960,496.	59 5,075,760.	
Liabilities	60 Accounts payable and accrued expenses	47,470.	60 43,828.	
	61 Grants payable		61	
	62 Deferred revenue	2,000.	62 2,000.	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>▶ SEE STATEMENT 6</b> )		142,335.	65 110,921.
66 <b>Total liabilities</b> (add lines 60 through 65)		191,805.	66 156,749.	
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	4,759,499.	67 4,905,033.	
	68 Temporarily restricted	9,192.	68 3,978.	
	69 Permanently restricted		69 10,000.	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		4,768,691.	73 4,919,011.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		4,960,496.	74 5,075,760.

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.



Part VI Other Information		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		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a   0.</span>		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?		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.) <span style="float:right">82b   N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> 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 <span style="float:right">85c   N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d   N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e   N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f   N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a   N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b   N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a   N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b   N/A</span>		
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MASSACHUSETTS		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b   75</span>		
91	The books are in care of <input type="checkbox"/> LAURIE RUSSELL Telephone no. <input type="checkbox"/> 781-721-2590		
Located at <input type="checkbox"/> 407 HIGHLAND AVENUE, WINCHESTER, MA ZIP + 4 <input type="checkbox"/> 01890			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92   N/A</span>		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue (TUITION AND FEES), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 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, 104 Subtotal, 105 Total.

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 page 34 of the instructions.)

Table with 2 columns: 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). Entry: SEE STATEMENT 9.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (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. Entry: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [ ] Yes [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [ ] Yes [X] No

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

Signature block containing: Please Sign Here (Signature of officer: Laurie A. Russell, Date: 1/20/2006, Type or print name and title: Laurie A. Russell, Executive Director); Preparer's Use Only (Preparer's signature: PHILIP A. WEITZEL, Date: 01/05/06, Firm's name: ERCOLINI & COMPANY LLP, Address: 101 ARCH STREET, #300 BOSTON, MA 02110, EIN, Phone no.: 6174825511).

**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

**2004**

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 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
NONE				
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-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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
NONE		
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-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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 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.)		
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?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)
  - 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).)

(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 page 5 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.** N/A  
 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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 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	0.	0.	0.	0.	0.
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	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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____		
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: (2003) _____ (2002) _____ (2001) _____ (2000) _____		
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

**Part V Private School Questionnaire** (See page 7 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?	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.) <u>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."</u>		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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) <u>NO STUDENT IS EVER TURNED AWAY. OUR POLICY ADMITS ALL WITHOUT DISCRIMINATION. THERE IS NO INQUIRY AS TO RACIAL BACKGROUND.</u>		X
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		X
34 a	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 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	X	





Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	LAND							
	070102	L	.000		656,422.			0.
2	ARTWORK							
	070102		.000	16	2,000.			0.
3	FY 99 ADDITION							
	010199	SL	20.00	17	1,902.		523.	95.
4	FY '00 ADDITION							
	010100	SL	20.00	17	13,618.		3,064.	681.
5	BUILDING							
	010199	ADS	40.00	17	1,132,194.		155,677.	28,305.
6	BUILDING IMPROVEMENT							
	010199	ADS	40.00	17	1,177,835.		161,952.	29,446.
7	PIANO							
	073191	SL	5.00	17	2,000.		2,000.	0.
8	PIANO							
	093091	SL	5.00	17	2,630.		2,630.	0.
9	PIANO							
	060995	SL	5.00	17	3,240.		3,240.	0.
10	PIANO							
	053195	SL	5.00	17	3,600.		3,600.	0.
11	PIANO							
	010199	ADS	12.00	17	124,780.		57,190.	10,398.
12	PIANO							
	010100	ADS	12.00	17	69,360.		26,010.	5,780.
13	UPRIGHT PIANO							
	010101	ADS	12.00	17	5,584.		1,628.	465.
14	ROLAND PIANO							
	010101	ADS	12.00	17	963.		280.	80.
15	BOSTON UPRIGHT PIANO							
	080104	ADS	12.00	20B	10,027.			418.
16	UPRIGHT PIANOS (5)							
	080104	ADS	12.00	20B	9,870.			411.
17	ROLAND DIGITAL PIANO							
	050105	ADS	12.00	20B	1,000.			42.
18	VIOLINS							
	030104	ADS	12.00	17	2,050.		85.	171.
19	TROMBONE							
	070104	ADS	12.00	17	2,000.		83.	167.
20	HARPSICHORD OVERHAUL							
	100104	ADS	12.00	20B	900.			38.
21	FY 99 ADDITION							
	010199	ADS	12.00	17	7,106.		3,256.	592.
22	FY 00/01 ADDITIONS							
	030101	ADS	12.00	17	2,434.		710.	203.
23	FY 00/01 ADDITIONS							
	010101	ADS	12.00	17	603.		175.	50.
24	FY 02/03 ADDITIONS							
	080102	ADS	12.00	17	3,173.		529.	264.
25	FY 02/03 ADDITIONS							
	100102	ADS	12.00	17	475.		60.	40.
26	FY 02/03 ADDITIONS							
	030103	ADS	12.00	17	833.		104.	69.
27	VIBRAPHONE							
	100103	ADS	12.00	17	2,500.		104.	208.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	KEYBOARD FOR LAB							
	100103	ADS	12.00	17	1,023.		43.	85.
29	COMPUTERS FOR EXEC DIR. & DIR OF ADMIN							
	080104	SL	3.00	19A	1,950.			325.
30	COMPUTER FOR REGISTRAR							
	080104	SL	3.00	19A	960.			160.
31	NEW WORKSTATION SETUP & UPGRADES							
	080104	SL	3.00	19A	1,000.			167.
32	PRINTER FOR BUSINESS OFFICE							
	110104	SL	3.00	19A	584.			97.
33	FURNITURE & FIXTURES - OTHER							
	030104	SL	5.00	17	404.		40.	81.
34	FURNITURE & FIXTURES - OTHER							
	040104	SL	5.00	17	1,202.		120.	240.
35	COMPUTER (REGISTRAR)							
	010101	SL	5.00	17	1,600.		1,120.	320.
36	COMPUTER EQUIP							
	010198	SL	5.00	17	3,734.		3,734.	0.
37	PRINTER							
	030198	SL	5.00	17	1,482.		1,482.	0.
38	COMPUTER (C. NICOLS)							
	010100	SL	5.00	17	2,244.		2,020.	224.
39	NEW SERVER & SWITCH SETUP							
	040104	SL	5.00	17	280.		28.	56.
40	ANTIVIRUS SOFTWARE							
	050104	SL	3.00	17	442.		74.	147.
41	BACKUP TAPES FOR NEW SERVER							
	060104	SL	3.00	17	303.		51.	101.
42	COMPUTERS							
	010199	200DB	5.00	17	10,291.		10,291.	0.
43	COMPUTER (ACCT OFFICE)							
	010100	SL	5.00	17	1,647.		1,482.	165.
44	SERVER							
	040104	SL	5.00	17	1,941.		194.	388.
45	COMPUTER FOR FRONT OFFICE & DEVELOPMENT							
	040104	SL	5.00	17	1,753.		175.	351.
46	NETWORK SERVER UPGRADE							
	040104	SL	5.00	17	428.		43.	86.
47	SOFTWARE FOR NEW SERVER							
	040104	SL	3.00	17	452.		75.	151.
48	FURNITURE & FIXTURES - OTHER							
	060104	ADS	12.00	17	328.		14.	27.
49	FURNITURE & FIXTURES - OTHER							
	070104	ADS	12.00	17	350.		15.	29.
50	FURNITURE & FIXTURES - OTHER							
	030104	ADS	12.00	17	4,900.		204.	408.
51	FURNITURE & FIXTURES							
	010199	ADS	12.00	17	74,683.		34,230.	6,224.
52	FURNITURE & FIXTURES							
	010100	ADS	12.00	17	6,849.		2,569.	571.
53	PORCH							
	010101	ADS	12.00	17	10,952.		3,195.	913.
54	FURNITURE & FIXTURES - OTHER							
	010101	ADS	12.00	17	7,413.		2,163.	618.



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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VANGUARD EXPLORER FUND	90,006.	74,350.	0.	15,656.
VANGUARD INFLATION-PROJECT SECURITIES FUND	45,748.	45,269.	0.	479.
VANGUARD TOTAL BOND MARKET INDEX FUND	429,998.	439,770.	0.	-9,772.
VANGUARD MID-CAP INDEX	97,414.	75,189.	0.	22,225.
<b>TO FORM 990, PART I, LINE 8</b>	<b>663,166.</b>	<b>634,578.</b>	<b>0.</b>	<b>28,588.</b>

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **2**


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DESCRIPTION	AMOUNT
NET UNRESTRICTED GAINS ON INVESTMENTS	159,338.
<b>TOTAL TO FORM 990, PART I, LINE 20</b>	<b>159,338.</b>

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**FORM 990**                      **OTHER EXPENSES**                      **STATEMENT**      **3**


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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MUSIC AND EQUIPMENT	17,017.	17,017.		
PROMOTIONS	21,542.	21,542.		
OFFICE EXPENSE	41,175.	20,515.	20,515.	145.
CONFERENCES/DUES	2,503.	2,503.		
INSURANCE	13,578.	6,789.	6,789.	
CONSULTING	3,772.		3,772.	
RECRUITING	1,107.		1,107.	
MAINTENANCE	45,471.	30,316.	15,155.	
UTILITIES	33,706.	22,472.	11,234.	
EDUCATION AND TRAINING	674.	375.	299.	
FUNDRAISING	4,066.			4,066.
TEMPORARY HELP	1,003.	1,003.		
<b>TOTAL TO FM 990, LN 43</b>	<b>185,614.</b>	<b>122,532.</b>	<b>58,871.</b>	<b>4,211.</b>

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

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## EXPLANATION

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

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FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	656,422.	0.	656,422.
ARTWORK	2,000.	0.	2,000.
FY 99 ADDITION	1,902.	618.	1,284.
FY '00 ADDITION	13,618.	3,745.	9,873.
BUILDING	1,132,194.	183,982.	948,212.
BUILDING IMPROVEMENT	1,177,835.	191,398.	986,437.
PIANO	2,000.	2,000.	0.
PIANO	2,630.	2,630.	0.
PIANO	3,240.	3,240.	0.
PIANO	3,600.	3,600.	0.
PIANO	124,780.	67,588.	57,192.
PIANO	69,360.	31,790.	37,570.
UPRIGHT PIANO	5,584.	2,093.	3,491.
ROLAND PIANO	963.	360.	603.
BOSTON UPRIGHT PIANO	10,027.	418.	9,609.
UPRIGHT PIANOS (5)	9,870.	411.	9,459.
ROLAND DIGITAL PIANO	1,000.	42.	958.
VIOLINS	2,050.	256.	1,794.
TROMBONE	2,000.	250.	1,750.
HARPSICHORD OVERHAUL	900.	38.	862.
FY 99 ADDITION	7,106.	3,848.	3,258.
FY 00/01 ADDITIONS	2,434.	913.	1,521.
FY 00/01 ADDITIONS	603.	225.	378.
FY 02/03 ADDITIONS	3,173.	793.	2,380.
FY 02/03 ADDITIONS	475.	100.	375.
FY 02/03 ADDITIONS	833.	173.	660.
VIBRAPHONE	2,500.	312.	2,188.
KEYBOARD FOR LAB	1,023.	128.	895.
COMPUTERS FOR EXEC DIR. & DIR OF ADMIN	1,950.	325.	1,625.
COMPUTER FOR REGISTRAR	960.	160.	800.
NEW WORKSTATION SETUP & UPGRADES	1,000.	167.	833.
PRINTER FOR BUSINESS OFFICE	584.	97.	487.
FURNITURE & FIXTURES - OTHER	404.	121.	283.
FURNITURE & FIXTURES - OTHER	1,202.	360.	842.

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COMPUTER (REGISTRAR)	1,600.	1,440.	160.
COMPUTER EQUIP	3,734.	3,734.	0.
PRINTER	1,482.	1,482.	0.
COMPUTER (C. NICOLS)	2,244.	2,244.	0.
NEW SERVER & SWITCH SETUP	280.	84.	196.
ANTIVIRUS SOFTWARE	442.	221.	221.
BACKUP TAPES FOR NEW SERVER	303.	152.	151.
COMPUTERS	10,291.	10,291.	0.
COMPUTER (ACCT OFFICE)	1,647.	1,647.	0.
SERVER	1,941.	582.	1,359.
COMPUTER FOR FRONT OFFICE & DEVELOPMENT	1,753.	526.	1,227.
NETWORK SERVER UPGRADE	428.	129.	299.
SOFTWARE FOR NEW SERVER	452.	226.	226.
FURNITURE & FIXTURES - OTHER	328.	41.	287.
FURNITURE & FIXTURES - OTHER	350.	44.	306.
FURNITURE & FIXTURES - OTHER	4,900.	612.	4,288.
FURNITURE & FIXTURES	74,683.	40,454.	34,229.
FURNITURE & FIXTURES	6,849.	3,140.	3,709.
PORCH	10,952.	4,108.	6,844.
FURNITURE & FIXTURES - OTHER	7,413.	2,781.	4,632.
FURNITURE & FIXTURES - OTHER	3,339.	973.	2,366.
FURNITURE & FIXTURES - OTHER	3,547.	1,035.	2,512.
FURNITURE & FIXTURES - OTHER	1,278.	266.	1,012.
FURNITURE & FIXTURES - OTHER	6,432.	1,340.	5,092.
FURNITURE & FIXTURES - OTHER	2,401.	500.	1,901.
FURNITURE & FIXTURES - OTHER	175.	37.	138.
FURNITURE & FIXTURES - OTHER	1,589.	330.	1,259.
FURNITURE & FIXTURES - OTHER	4,900.	1,020.	3,880.
FURNITURE & FIXTURES - OTHER	300.	63.	237.
FURNITURE & FIXTURES - OTHER	52.	10.	42.
FURNITURE & FIXTURES - OTHER	816.	102.	714.
FURNITURE & FIXTURES - OTHER	1,365.	171.	1,194.
FURNITURE & FIXTURES - OTHER	656.	82.	574.
FURNITURE & FIXTURES - OTHER	434.	54.	380.
FURNITURE & FIXTURES - OTHER	10,610.	531.	10,079.
FURNITURE & FIXTURES - OTHER	2,025.	506.	1,519.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>3,418,213.</b>	<b>583,139.</b>	<b>2,835,074.</b>

FORM 990	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		AMOUNT	
PREPAID TUITION		110,851.	
GIFT CERTIFICATES		70.	
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>		<b>110,921.</b>	

FORM 990 OTHER SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	FMV	2,018,414.
TO FORM 990, LINE 54, COL B		2,018,414.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LAURIE RUSSELL 14 PINE HILL CIRCLE WAKEFIELD, MA 01880	EXECUTIVE DIRECTOR 40	71,995.	2,724.	0.
BRIAN J. CASSERLY 24 SYMMES ROAD WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
MARK R. DIORIO 5 CENTRAL STREET WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
NEIL W. GROVER 23 RUSTIC ROAD STONEHAM, MA 02180	TRUSTEE 0	0.	0.	0.
JUSTIN L. MAGEE 8 RIDGEFIELD ROAD WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
GABRIELLE R. STOTT 408 HIGHLAND AVENUE WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
TAMI D. ANTON 5 OAKLAND CIRCLE WINCHESTER, MA 01890	CHAIR 0	0.	0.	0.
MICHAELJ. BRAY 30 BROOKS STREET WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.

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ERIK KNUTZEN 16 EVERETT AVENUE WINCHESTER, MA 01890	TREASURER 0	0.	0.	0.
MARGARET M. ROLL 7 WAINWRIGHT ROAD, UNIT 45 WINCHESTER, MA 01890	SECRETARY 0	0.	0.	0.
MELODIE A. WING 189 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	VICE-CHAIR 0	0.	0.	0.
SHELLY W. ZIEGELMAN 1 EDGEHILL ROAD WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
ANGELA MYLES BEECHING 1000 CENTRE STREET #15 JAMAICA PLAIN, MA 02130	TRUSTEE 0	0.	0.	0.
REX H. GREEN 10 MT. PLEASANT STREET WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
DEBRA HERNANDEZ 23 BROOKS STREET WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.
JOE NICHOLSON 20 SUSSEX ROAD WINCHESTER, MA 01890	TRUSTEE 0	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

71,995.	2,724.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9  
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP 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.

**Depreciation and Amortization 990**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>WINCHESTER COMMUNITY MUSIC SCHOOL TRUST</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>04-6510295</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See instructions for a higher limit for certain businesses	1	102,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property ) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	90,471.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		4,494.	3 YRS.	HY	SL	749.
b 5-year property						
c 7-year property						
d 10-year property		10,610.	10 YRS.	HY	SL	531.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life		2,025.	VARIES	HY	S/L	506.
b 12-year		21,797.	12 yrs.	HY	S/L	909.
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	93,166.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles</b>		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

# Application for Extension of Time To File an Exempt Organization Return

▶ 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)
- 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)

**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

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print	Name of Exempt Organization <b>WINCHESTER COMMUNITY MUSIC SCHOOL TRUST</b>	Employer identification number <b>04-6510295</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>407 HIGHLAND AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WINCHESTER, MA 01890</b>	

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 (sec. 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 |

- The books are in the care of ▶ **LAURIE RUSSELL**  
Telephone No. ▶ **781-721-2590** FAX No. ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **MARCH 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **AUG 1, 2004**, and ending **JUL 31, 2005**

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions