

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)

2010

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 2010 calendar year, or tax year beginning **AUG 1, 2010** **and ending** **JUL 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WINCHESTER COMMUNITY MUSIC SCHOOL TRUST Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 407 HIGHLAND AVENUE City or town, state or country, and ZIP + 4 WINCHESTER, MA 01890 F Name and address of principal officer: LAURIE RUSSELL SAME AS C ABOVE	D Employer identification number 04-6510295 E Telephone number 781-721-2950 G Gross receipts \$ 1,379,678. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WINCHESTERMUSIC.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WINCHESTER COMMUNITY MUSIC SCHOOL PROVIDES THE CONTINUENCE OF MUSIC EDUCATION AND LESSONS TO 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">545,655.</td> <td style="text-align: right;">215,008.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,102,458.</td> <td style="text-align: right;">1,113,276.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">62,607.</td> <td style="text-align: right;">51,394.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,710,720.</td> <td style="text-align: right;">1,379,678.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	545,655.	215,008.	9 Program service revenue (Part VIII, line 2g)	1,102,458.	1,113,276.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,607.	51,394.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,710,720.	1,379,678.						
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Part II Signature Block

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.

Sign Here	Signature of officer LAURIE RUSSELL, EXECUTIVE DIRECTOR Type or print name and title	Date 4/2/12
Paid Preparer Use Only	Print/Type preparer's name PHILIP A. WEITZEL Preparer's signature PHILIP A. WEITZEL Date 02/24/12 Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ ERCOLINI & COMPANY LLP Firm's address ▶ 101 ARCH STREET, #300 BOSTON, MA 02110 Firm's EIN ▶ Phone no. 6174825511

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III []

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,042,053. including grants of \$) (Revenue \$ 1,113,276.)

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST PROVIDES MUSIC LESSONS AND INSTRUCTIONS. THE EXPENSES REPORTED IN PART IX ABOVE DIRECTLY RELATE TO THE PERFORMANCE OF PROGRAM SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,042,053.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with columns for 'Yes' and 'No' and various input fields for numbers and text.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, Yes, and No. Rows include: 1a (19), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, Yes, and No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LINDA MAGDZIAK - 781-721-2590 407 HIGHLAND AVENUE, WINCHESTER, MA 01890

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY E. WHITE-SCHARF CHAIR		X		X				0.	0.	0.
STEPHANIE NICHOLS TRUSTEE		X						0.	0.	0.
WALTER F. CHICK TRUSTEE		X						0.	0.	0.
RALPH SEFERIAN TRUSTEE		X						0.	0.	0.
BARBARA SHEGOG TRUSTEE		X						0.	0.	0.
KELLY R. DIETEL TRUSTEE		X						0.	0.	0.
JEANNE CODORI-HURFF TRUSTEE		X						0.	0.	0.
KAREN ERIKSON TRUSTEE		X						0.	0.	0.
MITALI PRASAD TRUSTEE		X						0.	0.	0.
EDWARD MARTIN TREASURER		X		X				0.	0.	0.
CINDY NEELS TRUSTEE		X						0.	0.	0.
NANETTE C. HARVEY, MD NOMINATING COMM. CHAIR		X						0.	0.	0.
JOSEPH ABRAHAM FINANCIAL AID COMM. CHAIR		X						0.	0.	0.
RENEE M BURNS TRUSTEE		X						0.	0.	0.
SARA DELANO VICE CHAIR		X						0.	0.	0.
KATHERINE MAFFEI TRUSTEE		X						0.	0.	0.
STEPHEN J. NARDONE TRUSTEE		X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS NEW TRUSTEE		X						0.	0.	0.
CURTIS SHUMATE TRUSTEE		X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	215,008.					
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)						
	f	All other contributions, gifts, grants, and similar amounts not included above						
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f	215,008.					
	Program Service Revenue	2 a	TUITION AND FEES	1,113,276.	1,113,276.			
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f	1,113,276.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	51,394.			51,394.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		1,379,678.	1,113,276.	0.	51,394.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,019,473.	731,492.	213,127.	74,854.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	27,420.	7,255.	18,724.	1,441.
10 Payroll taxes	87,331.	64,302.	16,891.	6,138.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,098.		10,098.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	21,244.	21,244.		
13 Office expenses	53,738.	26,754.	26,754.	230.
14 Information technology				
15 Royalties				
16 Occupancy	42,686.	28,459.	14,227.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,947.	84,357.	38,590.	
23 Insurance	16,266.	8,133.	8,133.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAINTENANCE	52,180.	34,755.	17,425.	
b MUSIC AND EQUIPMENT	31,118.	31,118.		
c FUNDRAISING	12,238.			12,238.
d CONSULTING	8,658.		8,658.	
e CONFERENCES/DUES	4,184.	4,184.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,509,581.	1,042,053.	372,627.	94,901.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	562.	1	425.
	2	Savings and temporary cash investments	147,469.	2	186,448.
	3	Pledges and grants receivable, net	312,033.	3	246,126.
	4	Accounts receivable, net	452.	4	561.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,589.	9	14,270.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,882,517.		
	b	Less: accumulated depreciation	10b 1,248,063.	10c 2,634,454.	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,587,010.	12	2,833,440.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,000.	15	5,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,739,968.	16	5,920,724.	
Liabilities	17	Accounts payable and accrued expenses	48,292.	17	59,558.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	169,745.	25	203,405.
	26	Total liabilities. Add lines 17 through 25	218,037.	26	262,963.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	5,370,993.	27	5,565,238.
	28	Temporarily restricted net assets	140,938.	28	82,523.
	29	Permanently restricted net assets	10,000.	29	10,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,521,931.	33	5,657,761.
	34	Total liabilities and net assets/fund balances	5,739,968.	34	5,920,724.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

Table with 6 rows and 3 columns: Line number, Description, Amount. Row 1: Total revenue 1,379,678. Row 2: Total expenses 1,509,581. Row 3: Revenue less expenses -129,903. Row 4: Net assets at beginning 5,521,931. Row 5: Other changes 265,733. Row 6: Net assets at end 5,657,761.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII []

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
16b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **WINCHESTER COMMUNITY MUSIC SCHOOL TRUST** Employer identification number **04-6510295**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,832,119.	1,827,179.	2,122,361.		
b Contributions	368,000.		10,000.		
c Net investment earnings, gains, and losses	316,827.	203,262.	-205,242.		
d Grants or scholarships					
e Other expenditures for facilities and programs	99,694.	198,322.	99,940.		
f Administrative expenses	183.				
g End of year balance	2,417,069.	1,832,119.	1,827,179.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 99.57 %
- b Permanent endowment ▶ .41 %
- c Term endowment ▶ .02 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		656,422.		656,422.
b Buildings		2,571,828.	752,625.	1,819,203.
c Leasehold improvements				
d Equipment				
e Other		654,267.	495,438.	158,829.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,634,454.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	2,833,440.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,833,440.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PREPAID TUITION	201,402.
(3) GIFT CERTIFICATES	2,003.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	203,405.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,379,678.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,509,581.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-129,903.
4	Net unrealized gains (losses) on investments	265,733.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	265,733.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	135,830.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,650,919.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	265,733.
b	Donated services and use of facilities	5,508.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	271,241.
3	Subtract line 2e from line 1	1,379,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,379,678.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,515,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	5,508.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	5,508.
3	Subtract line 2e from line 1	1,509,581.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,509,581.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.
MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA

ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION IN THE FINANCIAL STATEMENTS.

MANAGEMENT DOES NOT BELIEVE IT'S EVALUATION OF TAX POSITIONS WILL SIGNIFICANTLY CHANGE WITHIN TWELVE MONTHS OF JULY 31, 2011. ANY CHANGES IN TAX POSITIONS WILL BE RECORDED WHEN THE ULTIMATE OUTCOME BECOMES KNOWN.

THE TRUST'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERALLY FOR THE YEARS ENDED JULY 31, 2008, 2009 AND 2010.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST

Employer identification number

04-6510295

Part I

	YES	NO
1 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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, use Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO BROADCAST MEDIA USED. ALL STUDENTS ARE RACIALLY ACCEPTED. BROCHURES STATE "THE SCHOOL DOES NOT DISCRIMATE ON THE BASIS OF RACE, COLOR, CREED, OR NATIONAL ORIGIN."		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II. NO STUDENT IS EVER TURNED AWAY. OUR POLICY ADMITS ALL WITHOUT DISCRIMINATION. THERE IS NO INQUIRY AS TO RACIAL BACKGROUND.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 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," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST

Employer identification number

04-6510295

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STUDENTS.

FORM 990, PART VI, SECTION A, LINE 4: DURING 2010 THE BYLAWS WERE AMENDED TO INCLUDE THE FOLLOWING STATEMENT, "THERE SHALL AT ALL TIMES BE A BOARD OF TRUSTEES CONSISTING OF NO LESS THAN THREE (3) NOR MORE THAN TWENTY-FOUR (24) INDIVIDUALS."

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS 19 VOTING MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS VOTE ON ANY POLICY CHANGES TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11: ONE OF THE OFFICERS OR DIRECTORS SIGNS THE FORM 990 AFTER IT IS REVIEWED BY THE TREASURER.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS AWARE OF AND CONSIDERS IN DELIBERATIONS BUT DOES NOT HAVE FORMAL MONITORING PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE TREASURER OF THE SCHOOL, BOTH THE NON-COMPENSATED TRUSTEES OF THE SCHOOL, ARE RESPONSIBLE FOR REVIEWING AND SETTING THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR. IN DETERMINING ANNUAL COMPENSATION DISCUSSIONS ARE HELD WITH THE EXECUTIVE DIRECTOR TO REVIEW GOALS AND ACCOMPLISHMENTS. ADDITIONALLY, SALARY REVIEW IS INFORMED BY GENERAL

Name of the organization WINCHESTER COMMUNITY MUSIC SCHOOL TRUST	Employer identification number 04-6510295
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RESEARCH ON PAY INCREASES AS REPORTED IN BUSINESS PUBLICATIONS, THE GENERAL PRESS, AND SIMILAR INSTITUTIONS IN THE BOSTON AREA AS WELL AS INFORMATION GAINED FROM THE BUSINESS EXPERIENCES OF THE CHAIRMAN AND THE TREASURER.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 265,733.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	07/01/02	L			HY	656,422.				656,422.			0.	0.
	* 990 PAGE 10 TOTAL -						656,422.					0.		0.	0.
3	FY 99 ADDITION	01/01/99	SL	20.00		HV17	1,902.				1,902.	1,093.		95.	1,188.
4	FY '00 ADDITION	01/01/00	SL	20.00		HV17	13,618.				13,618.	7,150.		681.	7,831.
81	FY '06 LAND IMPROVEMENTS	04/01/06	SL	20.00		HV17	11,250.				11,250.	2,533.		563.	3,096.
82	FY '06 LAND IMPROVEMENTS	05/01/06	SL	20.00		HV17	2,140.				2,140.	482.		107.	589.
	* 990 PAGE 10 TOTAL -						28,910.				28,910.	11,258.		1,446.	12,704.
5	BUILDING	01/01/99	ADS	40.00		HV17	1,132,194.				1,132,194.	325,507.		28,305.	353,812.
	* 990 PAGE 10 TOTAL -						1,132,194.				1,132,194.	325,507.		28,305.	353,812.
6	BUILDING IMPROVEMENT	01/01/99	ADS	40.00		HV17	1,177,835.				1,177,835.	338,628.		29,446.	368,074.
72	FY APRIL '06 ADDITIONS	04/01/06	ADS	40.00		HV17	5,419.				5,419.	608.		135.	743.
73	FY MAY '06 ADDITIONS	05/01/06	ADS	40.00		HV17	13,283.				13,283.	1,494.		332.	1,826.
74	FY JUN '06 ADDITIONS	06/01/06	ADS	40.00		HV17	4,586.				4,586.	517.		115.	632.
75	FY JUL '06 ADDITIONS	07/01/06	ADS	40.00		HV17	12,985.				12,985.	1,462.		325.	1,787.
83	FY '07 ADDITION	08/01/06	ADS	40.00		HV17	57,279.				57,279.	5,012.		1,432.	6,444.
84	FY '07 ADDITION	09/01/06	ADS	40.00		HV17	86,977.				86,977.	7,609.		2,174.	9,783.
85	FY '07 ADDITION	10/01/06	ADS	40.00		HV17	268.				268.	24.		7.	31.
86	FY '07 ADDITION	11/01/06	ADS	40.00		HV17	731.				731.	63.		18.	81.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	FY '07 ADDITION	12/01/06	ADS	40.00		HY17	15,407.				15,407.	1,348.		385.	1,733.
111	FY '08 ADDITION	08/01/07	ADS	20.00		HY17	3,480.				3,480.	435.		174.	609.
112	FY '08 ADDITION	09/01/07	ADS	40.00		HY17	14,395.				14,395.	900.		360.	1,260.
133	FY '09 ADDITION	08/01/08	SL	20.00		HY16	5,000.				5,000.	375.		250.	625.
134	FY '09 ADDITION	09/01/08	SL	5.00		HY16	6,414.				6,414.	1,924.		1,283.	3,207.
137	FY '10 ADDITION	09/01/09	ADS	10.00		HY17	2,236.				2,236.	112.		224.	336.
138	FY '10 ADDITION	11/01/09	ADS	30.00		HY17	6,729.				6,729.	112.		224.	336.
139	FY '10 ADDITION	04/01/10	ADS	15.00		HY17	7,195.				7,195.	240.		480.	720.
148	FY '11 ADDITIONS	08/01/10	ADS	40.00		HY20C	2,044.				2,044.			49.	49.
149	FY '11 ADDITIONS	09/01/10	ADS	40.00		HY20C	1,674.				1,674.			37.	37.
150	FY '11 ADDITIONS	09/01/10	ADS	10.00		HY20A	2,571.				2,571.			129.	129.
151	FY '11 ADDITIONS	09/01/10	ADS	20.00		HY20A	8,026.				8,026.			201.	201.
152	FY '11 ADDITIONS	11/01/10	ADS	15.00		HY20A	5,100.				5,100.			170.	170.
	* 990 PAGE 10 TOTAL -						1,439,634.				1,439,634.	360,863.		37,950.	398,813.
7	PIANO	07/31/91	SL	5.00		HY17	2,000.				2,000.	2,000.		0.	2,000.
8	PIANO	09/30/91	SL	5.00		HY17	2,630.				2,630.	2,630.		0.	2,630.
9	PIANO	06/09/95	SL	5.00		HY17	3,240.				3,240.	3,240.		0.	3,240.
10	PIANO	05/31/95	SL	5.00		HY17	3,600.				3,600.	3,600.		0.	3,600.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	PIANO	01/01/99	ADS	12.00	HY17	124,780.				124,780.	119,583.		5,197.	124,780.
12	PIANO	01/01/00	ADS	12.00	HY17	69,360.				69,360.	60,690.		5,780.	66,470.
13	UPRIGHT PIANO	01/01/01	ADS	12.00	HY17	5,584.				5,584.	4,419.		465.	4,884.
14	ROLAND PIANO	01/01/01	ADS	12.00	HY17	963.				963.	761.		80.	841.
15	BOSTON UPRIGHT PIANO	08/01/04	ADS	12.00	HY17	10,027.				10,027.	4,598.		836.	5,434.
16	UPRIGHT PIANOS (5)	08/01/04	ADS	12.00	HY17	9,870.				9,870.	4,526.		823.	5,349.
17	ROLAND DIGITAL PIANO	05/01/05	ADS	12.00	HY17	1,000.				1,000.	457.		83.	540.
18	VIOLINS	03/01/04	ADS	12.00	HY17	2,050.				2,050.	1,111.		171.	1,282.
19	TROMBONE	07/01/04	ADS	12.00	HY17	2,000.				2,000.	1,085.		167.	1,252.
20	HARPSICHORD OVERHAUL	10/01/04	ADS	12.00	HY17	900.				900.	413.		75.	488.
21	FY 99 ADDITION	01/01/99	ADS	12.00	HY17	7,106.				7,106.	6,810.		296.	7,106.
22	FY 00/01 ADDITIONS	03/01/01	ADS	12.00	HY17	2,434.				2,434.	1,928.		203.	2,131.
23	FY 00/01 ADDITIONS	01/01/01	ADS	12.00	HY17	603.				603.	476.		50.	526.
24	FY 02/03 ADDITIONS	08/01/02	ADS	12.00	HY17	3,173.				3,173.	2,113.		264.	2,377.
25	FY 02/03 ADDITIONS	10/01/02	ADS	12.00	HY17	475.				475.	299.		40.	339.
26	FY 02/03 ADDITIONS	03/01/03	ADS	12.00	HY17	833.				833.	519.		69.	588.
27	VIBRAPHONE	10/01/03	ADS	12.00	HY17	2,500.				2,500.	1,353.		208.	1,561.
28	KEYBOARD FOR LAB	10/01/03	ADS	12.00	HY17	1,023.				1,023.	553.		85.	638.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	STEINWAY RESTORATION PROJECTS	08/01/06	ADS	6.00		HY17	2,140.				2,140.	1,249.		357.	1,606.
89	BOSTON VERTICAL PIANOS (2)	09/01/06	ADS	12.00		HY17	19,541.				19,541.	5,698.		1,628.	7,326.
113	STEINWAY B OVERHAUL	04/01/08	ADS	6.00		HY17	4,200.				4,200.	2,100.		700.	2,800.
114	TIMPANIS	09/01/07	ADS	12.00		HY17	4,121.				4,121.	857.		343.	1,200.
115	MARIMBA	07/01/08	ADS	20.00		HY17	5,055.				5,055.	632.		253.	885.
	* 990 PAGE 10 TOTAL --						291,208.				291,208.	233,700.		18,173.	251,873.
33	FURNITURE & FIXTURES - OTHER	03/01/04	SL	5.00		HY17	404.				404.	404.		0.	404.
34	FURNITURE & FIXTURES - OTHER	04/01/04	SL	5.00		HY17	1,202.				1,202.	1,202.		0.	1,202.
48	FURNITURE & FIXTURES - OTHER	06/01/04	ADS	12.00		HY17	328.				328.	176.		27.	203.
49	FURNITURE & FIXTURES - OTHER	07/01/04	ADS	12.00		HY17	350.				350.	189.		29.	218.
50	FURNITURE & FIXTURES - OTHER	03/01/04	ADS	12.00		HY17	4,900.				4,900.	2,653.		408.	3,061.
51	FURNITURE & FIXTURES	01/01/99	ADS	12.00		HY17	74,683.				74,683.	71,576.		3,107.	74,683.
52	FURNITURE & FIXTURES	01/01/00	ADS	12.00		HY17	6,849.				6,849.	5,994.		571.	6,565.
53	PORCH	01/01/01	ADS	12.00		HY17	10,951.				10,951.	8,672.		913.	9,585.
54	FURNITURE & FIXTURES - OTHER	01/01/01	ADS	12.00		HY17	7,413.				7,413.	5,870.		618.	6,488.
55	FURNITURE & FIXTURES - OTHER	01/01/02	ADS	12.00		HY17	3,339.				3,339.	2,364.		278.	2,642.
56	FURNITURE & FIXTURES - OTHER	07/01/02	ADS	12.00		HY17	3,547.				3,547.	2,515.		296.	2,811.
57	FURNITURE & FIXTURES - OTHER	08/01/02	ADS	12.00		HY17	1,278.				1,278.	800.		107.	907.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
58	FURNITURE & FIXTURES - OTHER	10/01/02	ADS	12.00	HY17	6,432.				6,432.	4,020.		536.	4,556.
59	FURNITURE & FIXTURES - OTHER	11/01/02	ADS	12.00	HY17	2,400.				2,400.	1,500.		200.	1,700.
60	FURNITURE & FIXTURES - OTHER	12/01/02	ADS	12.00	HY17	175.				175.	111.		15.	126.
61	FURNITURE & FIXTURES - OTHER	01/01/03	ADS	12.00	HY17	1,589.				1,589.	991.		132.	1,123.
62	FURNITURE & FIXTURES - OTHER	03/01/03	ADS	12.00	HY17	4,900.				4,900.	3,061.		408.	3,469.
63	FURNITURE & FIXTURES - OTHER	06/01/03	ADS	12.00	HY17	300.				300.	188.		25.	213.
64	FURNITURE & FIXTURES - OTHER	07/01/03	ADS	12.00	HY17	52.				52.	31.		4.	35.
65	FURNITURE & FIXTURES - OTHER	10/01/03	ADS	12.00	HY17	816.				816.	442.		68.	510.
66	FURNITURE & FIXTURES - OTHER	12/01/03	ADS	12.00	HY17	1,365.				1,365.	741.		114.	855.
67	FURNITURE & FIXTURES - OTHER	01/01/04	ADS	12.00	HY17	656.				656.	357.		55.	412.
68	FURNITURE & FIXTURES - OTHER	02/01/04	ADS	12.00	HY17	433.				433.	234.		36.	270.
69	FURNITURE & FIXTURES - OTHER	11/01/04	SL	10.00	HY17	10,610.				10,610.	5,836.		1,061.	6,897.
70	FURNITURE & FIXTURES - OTHER	11/01/04	ADS	2.00	HY17	2,025.				2,025.	2,025.		0.	2,025.
71	ASTOR CLUB - PIANO TRUCK	02/01/06	ADS	20.00	HY17	576.				576.	130.		29.	159.
95	FURNITURE & FIXTURES	08/01/06	ADS	3.00	HY17	2,014.				2,014.	2,014.		0.	2,014.
96	FURNITURE & FIXTURES	09/01/06	ADS	9.00	HY17	2,313.				2,313.	900.		257.	1,157.
97	FURNITURE & FIXTURES	09/01/06	ADS	12.00	HY17	1,350.				1,350.	395.		113.	508.
98	FURNITURE & FIXTURES	10/01/06	ADS	9.00	HY17	6,008.				6,008.	2,338.		668.	3,006.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	FURNITURE & FIXTURES	11/01/06	ADS	20.00		HY17	2,916.				2,916.	511.		146.	657.
100	FURNITURE & FIXTURES	01/01/07	ADS	12.00		HY17	3,500.				3,500.	1,022.		292.	1,314.
128	FURNITURE & FIXTURES - OTHER	08/01/07	SL	9.00		HY16	796.				796.	220.		88.	308.
129	FURNITURE & FIXTURES - OTHER	08/01/07	SL	10.00		HY16	3,961.				3,961.	990.		396.	1,386.
130	FURNITURE & FIXTURES - OTHER	09/01/07	SL	10.00		HY16	1,114.				1,114.	277.		111.	388.
131	FURNITURE & FIXTURES - OTHER	09/01/07	SL	5.00		HY16	2,889.				2,889.	1,444.		578.	2,022.
132	FURNITURE & FIXTURES - OTHER	09/01/08	SL	5.00		HY16	1,625.				1,625.	487.		325.	812.
144	FURNITURE & FIXTURES	08/01/09	ADS	5.00		HY17	1,074.				1,074.	107.		215.	322.
145	FURNITURE & FIXTURES	08/01/09	ADS	3.00		HY17	1,181.				1,181.	197.		394.	591.
146	FURNITURE & FIXTURES	01/01/10	ADS	10.00		HY17	2,400.				2,400.	120.		240.	360.
147	FURNITURE & FIXTURES	01/01/10	ADS	5.00		HY17	1,145.				1,145.	115.		229.	344.
163	FURNITURE & FIXTURES	08/01/10	ADS	3.00		HY20A	1,191.				1,191.			199.	199.
164	FURNITURE & FIXTURES	09/01/10	ADS	3.00		HY20A	603.				603.			101.	101.
165	FURNITURE & FIXTURES	04/01/11	ADS	3.00		HY20A	1,008.				1,008.			168.	168.
	* 990 PAGE 10 TOTAL -						184,661.				184,661.	133,219.		13,557.	146,776.
29	COMPUTERS FOR EXEC DIR. & DIR OF ADMIN	08/01/04	SL	3.00		HY17	1,950.				1,950.	1,950.		0.	1,950.
30	COMPUTER FOR REGISTRAR NEW WORKSTATION SETUP &	08/01/04	SL	3.00		HY17	960.				960.	960.		0.	960.
31	UPGRADES	08/01/04	SL	3.00		HY17	1,000.				1,000.	1,000.		0.	1,000.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	PRINTER FOR BUSINESS OFFICE	11/01/04	SL	3.00		HY17	584.				584.	584.	0.	0.	584.
35	COMPUTER (REGISTRAR)	01/01/01	SL	5.00		HY17	1,600.				1,600.	1,600.	0.	0.	1,600.
36	COMPUTER EQUIP	01/01/98	SL	5.00		HY17	3,734.				3,734.	3,734.	0.	0.	3,734.
37	PRINTER	03/01/98	SL	5.00		HY17	1,482.				1,482.	1,482.	0.	0.	1,482.
38	COMPUTER (C. NICOLS)	01/01/00	SL	5.00		HY17	2,244.				2,244.	2,244.	0.	0.	2,244.
39	NEW SERVER & SWITCH SETUP	04/01/04	SL	5.00		HY17	280.				280.	280.	0.	0.	280.
40	ANTIVIRUS SOFTWARE	05/01/04	SL	3.00		HY17	442.				442.	442.	0.	0.	442.
41	BACKUP TAPES FOR NEW SERVER	06/01/04	SL	3.00		HY17	303.				303.	303.	0.	0.	303.
42	COMPUTERS	01/01/99	200DB	5.00		HY17	10,291.				10,291.	10,291.	0.	0.	10,291.
43	COMPUTER (ACCT OFFICE)	01/01/00	SL	5.00		HY17	1,647.				1,647.	1,647.	0.	0.	1,647.
44	SERVER	04/01/04	SL	5.00		HY17	1,941.				1,941.	1,941.	0.	0.	1,941.
45	COMPUTER FOR FRONT OFFICE & DEVELOPMENT	04/01/04	SL	5.00		HY17	1,753.				1,753.	1,753.	0.	0.	1,753.
46	NETWORK SERVER UPGRADE	04/01/04	SL	5.00		HY17	428.				428.	428.	0.	0.	428.
47	SOFTWARE FOR NEW SERVER	04/01/04	SL	3.00		HY17	452.				452.	452.	0.	0.	452.
75	PRINTER FOR DEVL OFFICE	02/01/06	ADS	3.00		HY17	1,790.				1,790.	1,790.	0.	0.	1,790.
77	PC FOR BUSINESS OFFICE	03/01/06	ADS	3.00		HY17	885.				885.	885.	0.	0.	885.
78	BACKUP TAPE DRIVE	02/01/06	ADS	3.00		HY17	1,244.				1,244.	1,244.	0.	0.	1,244.
79	PEACHTREE 2006	04/01/06	ADS	2.00		HY17	1,628.				1,628.	1,628.	0.	0.	1,628.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
80	MONITOR FOR BUSINESS OFFICE	04/01/06	SL	3.00		HY17	317.				317.	317.		0.	317.
90	HP WORKSTATION FOR FRONT OFFICE	09/01/06	ADS	3.00		HY17	1,026.				1,026.	1,026.		0.	1,026.
91	BACKUP SOFTWARE	09/01/06	ADS	5.00		HY17	504.				504.	353.		101.	454.
92	WEBSITE DESIGN	09/01/06	ADS	3.00		HY17	1,750.				1,750.	1,750.		0.	1,750.
93	WEBSITE DESIGN	03/01/07	ADS	3.00		HY17	1,800.				1,800.	1,800.		0.	1,800.
94	ACCESS UPGRADE	07/01/07	ADS	3.00		HY17	500.				500.	500.		0.	500.
116	HP LASERJET 4250 PRINTER-IT UPGRADE	08/01/07	ADS	3.00		HY17	1,817.				1,817.	1,515.		302.	1,817.
117	HP LASERJET 2605 PRINTER- IT UPGRADE	08/01/07	ADS	3.00		HY17	712.				712.	593.		119.	712.
118	MONITORS FOR EX DIR, REGISTRAR, DEVI-IT UPGRADE	08/01/07	ADS	3.00		HY17	611.				611.	510.		101.	611.
119	MONITOR FOR RECORDING BOOTH	08/01/07	ADS	3.00		HY17	313.				313.	260.		53.	313.
120	COMPUTER EQUIPMENT FOR RECORDING BOOTH	08/01/07	ADS	3.00		HY17	3,689.				3,689.	3,075.		614.	3,689.
121	ACCESS UPGRADE	08/01/07	ADS	3.00		HY17	110.				110.	92.		18.	110.
122	ACCESS UPGRADE	09/01/07	SL	3.00		HY16	3,111.				3,111.	2,593.		518.	3,111.
123	ACCESS UPGRADE	10/01/07	SL	3.00		HY16	715.				715.	595.		120.	715.
124	ACCESS UPGRADE	11/01/07	SL	3.00		HY16	358.				358.	297.		61.	358.
125	ACCESS UPGRADE	12/01/07	SL	3.00		HY16	110.				110.	92.		18.	110.
126	ACCESS UPGRADE	02/01/08	SL	3.00		HY16	165.				165.	137.		28.	165.
127	ACCESS UPGRADE	02/01/08	SL	3.00		HY16	110.				110.	92.		18.	110.

028111 05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
135	DEVELOPMENT SOFTWARE	08/01/08	SL	3.00		HY16	5,978.				5,978.	2,989.		1,993.	4,982.
136	DEVELOPMENT SOFTWARE WORKSTATIONS, MONITOR, SERVER	11/01/08	SL	3.00		HY16	2,125.				2,125.	1,062.		708.	1,770.
140	SERVER	08/01/09	ADS	3.00		HY17	7,251.				7,251.	1,209.		2,417.	3,626.
141	WEBSITE DESIGN	05/01/10	ADS	3.00		HY17	10,500.				10,500.	1,750.		3,500.	5,250.
142	WEBSITE DESIGN	07/01/10	ADS	3.00		HY17	6,500.				6,500.	1,083.		2,167.	3,250.
143	PEACHTREE UPGRADE	07/01/10	ADS	3.00		HY17	1,447.				1,447.	241.		482.	723.
153	WEBSITE DEVELOPMENT-PHASE II PRINTERS & STANDS FOR	08/01/10	ADS	3.00		HY20A	1,450.				1,450.			242.	242.
154	FACULTY MACS	08/01/10	ADS	3.00		HY20A	2,610.				2,610.			435.	435.
155	BACKUP SERVER FOR ADMIN COMPUTERS	09/01/10	ADS	3.00		HY20A	3,157.				3,157.			526.	526.
156	FACULTY MAC PROJECT	09/01/10	ADS	3.00		HY20A	47,098.				47,098.			7,850.	7,850.
157	2 PC'S FOR DEVL & LIBRARY	09/01/10	ADS	3.00		HY20A	1,636.				1,636.			273.	273.
158	ADD'L FACULTY MAC PROJECT	10/01/10	ADS	3.00		HY20A	1,680.				1,680.			280.	280.
159	WEBSITE DESIGN-CAPITAL CAMPAIGN	02/01/11	ADS	3.00		HY20A	2,000.				2,000.			333.	333.
160	WEBSITE DEVELOPMENT	05/01/11	ADS	3.00		HY20A	500.				500.			83.	83.
161	WEBSITE DESIGN-PHOTOS	06/01/11	ADS	3.00		HY20A	500.				500.			83.	83.
162	WEBSITE DEVELOPMENT	07/01/11	ADS	3.00		HY20A	700.				700.			117.	117.
	* 990 PAGE 10 TOTAL -						149,488.				149,488.	60,569.		23,560.	84,129.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,882,517.				3,882,517.	1,125,116.		122,991.	1,248,107.

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

Form **4562**

Depreciation and Amortization 990
(Including Information on Listed Property)

2010

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WINCHESTER COMMUNITY MUSIC SCHOOL TRUST FORM 990 PAGE 10

04-6510295

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)	1	500,000.
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	2,000,000.
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 2009 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 2011. 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	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,495.

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 2010	17	105,220.
18	If you are electing 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 2010 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					
b	5-year property					
c	7-year property					
d	10-year property					
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	
i	Nonresidential real property	/	27.5 yrs.	MM	S/L	
		/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life	79,830.	VARIES	HY	S/L	11,190.	
b	12-year		12 yrs.		S/L		
c	40-year	09/10	3,718.	40 yrs.	MM	S/L	86.

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	122,991.
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, 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 the 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and 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.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (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 2010 tax year:

43 Amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended 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 no. If a P.O. box, see instructions. 407 HIGHLAND AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINCHESTER, MA 01890	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LINDA MAGDZIAK

- The books are in the care of **▶ 407 HIGHLAND AVENUE - WINCHESTER, MA 01890**
 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 is for.

4 I request an additional 3-month extension of time until **JUNE 15, 2012**.

5 For calendar year _____, or other tax year beginning **AUG 1, 2010**, and ending **JUL 31, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a 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.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 **▶** _____ Title **▶ CPA** Date **▶** _____