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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 2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

						
<u>A</u>			dar year, or tax year beginning $7/01$, 2011, and ending $6/$, 2012	
В	Check if	f applicable	C	D Employ	er Identification Nur	nber
	Ad	dress change	THE WAUSAU CONSERVATORY OF MUSIC, INC.	39-	1391008	
	Na	me change	PO BOX 606	E Telepho	one number	-
	Int	tial return	WAUSAU, WI 54402-0606	715	-845-6279	
	-	rminated				
		nended return		G Gross re	t. \$	704,061.
	\vdash		F Name and address of principal officer H(a) is this		n for affiliates?	1 7.7
	∐ Aр	plication pending	l	affiliates incl	⊢ -	= =
			If 'No.'		(see instructions)	Yes No
<u></u>		exempt status	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or			
<u>J</u>	Web	osite: 🕨 N/		exemption nu	umber -	
K		of organization	X Corporation Trust Association Other ► L Year of Formation	M s	State of legal domicile	WI
Pa	art I	Summar	у			
	1	Briefly descri	be the organization's mission or most significant activities THE WAUSAU CON	SERVAT	ORY OF MUS	SIC.A
)			SCHOOL OF MUSIC EDUCATION, HELPS STUDENTS OF ALL AC			
Governance	1		THEIR POTENTIAL, GUIDED BY EXCEPTIONAL, SKILLED FACUL			
Ě	1	ENVIRONM				
8		Check this bo		5% of its	net assets	
5	3	Number of vo	oting members of the governing body (Part VI, line 1a)		3	17
ຶ້	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		4	17
! ≝	5	Total number	of individuals employed in calendar year 2011 (Part V, line 2a)		5	32
Activities &			of volunteers (estimate if necessary)		6	60
ຸ <	7a	Total unrelate	ed 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.
,			P	rior Year	Curr	ent Year
	8	Contributions	and grants (Part VIII, line 1h)	119,5		158,626.
Ž	9	Program serv	rice revenue (Part VIII, line 2g)	534,8		521,221.
Revenue	10	Investment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)	57,3		-8,157.
ď	11	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,4		20,617.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	732,1	.83.	692,307.
	13	Grants and s	ımılar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid	to or for members (Part IX, column (A), line 4).			
_	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	568,6	59.	504,827.
Expenses	16 a	Professional	fundraising fees (Part IX, column (A), line 11e)			
ě			sing expenses (Part IX, column (D), line 25) ► 22,560.	, ;	y 72 ar	Carried Spar
Š				200 2	,,,	
			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,3		206,137.
			es Add lines 13-17 (must equal Part IX, column (A) line 25)	777,0		710,964.
	19	Revenue less	expenses Subtract line 18 from line 2	-44,8	34.	-18,657.
Net Assets or Fund Balances	20	Tatal accord		g of Curren		of Year
3ala	Į.		(Part X, line 16)	, 316, 4		261,137.
A P			s (latt X, line 20)	75,4		38,771.
_			fund balances Subtract line 21 from line 20	<u>,241,0</u>	<u> </u>	222,366.
Pa	ırt II	Signatur	e Block			
Und	ler penal	ties of perjury, I d	eclare that I have examined this return, including accompanying schedules and statements, and to the best of m arey (Other than officer) is based on all information of which preparer has any knowledge	ny knowledge	and belief, it is true,	correct, and
	ipicio Bi	IN The state of th	I la de la			
		—	The following	. /		
Sig		Signaty	le of officer / Da Tabala Da	te //-	1/12	
He	re	_ <	JODD 12 TOPPEN TREASURER	1/2	-4/13	
			print name and title	/	<u> </u>	
		Print/Type p	reparer's name Preparer's signature Date	Check	of PTIN	
Pa	id	RICHAR	RD W. YAEGER, CPA RICHARD W. YAEGER, CPA 1/10/13	self-employe	ed P00028	934
Pre	epare		KRAUSE, HOWARD & COMPANY, S.C.			
Us	e Onl	y Firm's addre	ess ► 618 JACKSON STREET/PO BOX 179	Firm's EIN	▶ 39-15617	32
			WAUSAU, WI 54402-0179	Phone no		-7306
May	y the IF	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes	
_			eduction Act Notice, see the separate instructions. TEEA0113L 08/	/18/11		m 990 (2011)

Form 990 (2011) THE WAUSAU CONSERVATORY OF MUSIC, INC.	39-1391008	Page 2
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 THE WAUSAU CONSERVATORY OF MUSIC, A REGIONAL SCHOOL, PROVIDES EDUCATION AND PERFORMANCES THAT ENRICH AND IMPROVE THE MUSICA OUR COMMUNITIES.		
6 Dalling	And no the const	····
2 Did the organization undertake any significant program services during the year which were not lis Form 990 or 990-EZ?	ted on the prior Yes	X No
If 'Yes,' describe these new services on Schedule O	2	∇ N
3 Did the organization cease conducting, or make significant changes in how it conducts, any progra If 'Yes,' describe these changes on Schedule O		X No
4 Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report others, the total expenses, and revenue, if any, for each program service reported	n services, as measured by the amount of grants and a	expenses llocations to
4a (Code WAUSAU CONSERVATORY IS A MUSIC SCHOOL SERVING OUR COMMUNI THE SCHOOL HAD 866 STUDENTS INVOLVED IN LESSONS, CLASSES, ENS FESTIVALS.	TY SINCE 1981. I	21,221.) N 2011
4b (Code.) (Expenses \$ 14,008. including grants of \$ YOUTH ORCHESTRAS, CHOIRS, FLUTE CHOIRS. APPROXIMATELY 1,500 PERFORMANCE ATTENDEES.) (Revenue \$_PARTICIPANTS AND)
4c (Code) (Expenses \$ 5,293. including grants of \$ STUDENT AND FACULTY PERFORMANCE RECITALS. APPROXIMATE AUDIEN)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue)	e \$)
4e Total program service expenses ► 600, 363.		
BAA TEEA0102L 07/05/11	For	m 990 (2011)

TEEA0102L 07/05/11

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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? If 'Yes,' complete Schedule D, Part IV	9	:	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	 	~ <u>, , , , , , , , , , , , , , , , , , ,</u>	
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
l	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? If 'Yes,' complete Schedule D, Part VII	11 b		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° If 'Yes,' complete Schedule D, Part VIII	11 c	х	
	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? If 'Yes,' complete Schedule D, Part IX	11 d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13	Х	
		14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		_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? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	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? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>X</u>
	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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ŀ	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

		1 :	163	110
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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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>	23		X
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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? If 'Yes,' complete Schedule L, Part I	25a		Х
ļ	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? If 'Yes,' complete Schedule L, Part I	25b		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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
I	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2011)

_	Hasa (201) The Wassac Conservatori of Moste, Inc. 35-139100	0		aye
<u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		T	,
	. 5		Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0		١.	i
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		,	١.
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 32	****	٠, ١	- '
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3 b		<u> </u>
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	b If 'Yes,' enter the name of the foreign country			ļ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	ļ
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		x
		<u>7c</u>		
		<u>-</u>		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e 7f		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			 ^
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	 8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter		·	
	a Initiation fees and capital contributions included on Part VIII, line 12	•	١,	,
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			٠,
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders	1,		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			,
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		,	
	b Enter the amount of reserves the organization is required to maintain by the states in		٠, '	
	which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b	٠,		
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b	l	
	and the state of the second contract of the second policies of the second properties of the second policies of			

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2011) THE WAUSAU CONSERVATORY OF MUSIC, INC. 39-1391008 Page 6 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 Section A. Governing Body and Management No Yes 1 a 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 17 b Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O - 16 Trape 1 47.7 Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 1 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15_b X b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **WI** 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. Another's website Upon request 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 during the tax year SEE SCHEDULE O 19 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

54403 715-845-6279

Page **7**

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
		(C)						1			
(A) Name and title	(B) Average hours per week	unte	ss pe	ck m rson i	s bot	nan one h an offi rustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(describe hours for related organiza tions in Schedule O)	Individual or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) RON DRECKTRAH											
DIRECTOR	0	X						0.	0.	0.	
(2) LOUIS PRADT											
DIRECTOR	. 0	X	L					0.	0.	0.	
(3) ANDREA STEINBER	<u>g</u>										
DIRECTOR	0	X						0.	0.	0.	
_(4) DR. WILLIAM OWE											
DIRECTOR	0	X						0.	0.	0.	
(5) AMY PLEIR											
DIRECTOR	0	<u> </u>	L					0.	0.	0.	
(6) MATHEW MIDDENDO	PRP										
DIRECTOR	0	<u> </u>		<u> </u>				0.	0.	0.	
O PETER RASCHKE											
DIRECTOR	0	X		<u></u>				0.	0.	0.	
(8) ANDREA SHERIDAN											
DIRECTOR	0	X	<u> </u>					0.	0.	0.	
(9) MARK MUNSON											
DIRECTOR	0	X			L			0.	0.	0.	
(10) FREDERICK SCHAE	FER										
DIRECTOR	0	X			L			0.	0.	0.	
(11) LAURA FITZSIMMO											
DIRECTOR	0	X	L_					0.	0.	0.	
(12) JAMES SUTHERLAN	<u>D</u>										
DIRECTOR	0	X						0.	0.	0.	
(13) SUE GEBHARDT											
DIRECTOR	0	X	<u> </u>		L			0.	0.	0.	
(14) CHRIS PLAISANCE											
VICE PRESIDENT	0	1	<u>L</u>	X				0.	0.	0.	

Tart VII Occion A. Officers, Directors, Trast	555, .	,,,		<u>. P. C</u>	<i>,</i> , ,	00,	<u> </u>	ringhest con	pensatea zinp	ioy cos (corn)	
(A) Name and title		box	Position (do not check more that box, unless person is bo officer and a director/tru					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	per week (describ e hours for related organi- zations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
	Sch O)		ee			ated					
(15) JANE_RITGER SECRETARY	0			Х				0.	0.	0.	
(16) LISA WESTPHAL PRESIDENT	0			Х				0.	0.	0.	
(17) HOLLY KOHL TREASURER	0			х				0.	0.	0.	
(18)											
(19)											
(20)									-		
(21)											
(22)											
(23)	-										
(24)											
(25)											
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A	JJ	4				* * *	0. 0. 0.	0. 0. 0.	0. 0. 0.	
2 Total number of individuals (including but not limited from the organization ► 0	d to the	se I	stec	ab	ove)) wh	o re	ceived more than	\$100,000 of report	able compensation	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trus	tee, al	key	emį	ploy	ee, d	or hi	ghest compensate	ed employee	Yes No	
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	portabl nan \$1!	e co 50,0	mpe 00?	nsa If 'Y	tion ⁄es′	and com	oth <i>plet</i>	er compensation e Schedule J for	from	4 X	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	ompen comple	satio te So	n fro	om a lule	any <i>J fo</i>	unre r suc	elate ch p	d organization or erson	ındıvıdual	5 X	
Section B. Independent Contractors					-1	-1	Al		\$100.000 -4		
Complete this table for your five highest compensation from the organization. Report compensation.	nsation	for	the	cale	nda	r yea	ar er	nding with or with	in the organization		
Name and business addres	s							Description of	of services	(C) Compensation	
			-								
	-										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lım	ted	to ti	hose	e list	ed a	bove) who receiv	ed more than	-1	

Pa	rt VIII Statement of Revenue				1
	•	(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 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e		,		
CONTRIBUTI	f All other contributions, gifts, grants, and similar amounts not included above 1f 158,626 g Noncash contributions included in lns 1a-1f. \$ h Total. Add lines 1a-1f	158,626.			
	Business Code	130,020.	1		
PROGRAM SERVICE REVENUE	2a PROGRAM SERVICE REVENUE	521,221.	521,221.		
AM SERVI	de				
PROGR	f All other program service revenue g Total. Add lines 2a-2f	► 521,221.			
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds	▶ -8,157.	-8,157.		<u>'</u>
	5 Royalties	-			
	(i) Real (ii) Personal				,
	6a Gross rents	7			į
	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)				1
J.	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18 a 32, 286				*
THEF	b Less. direct expenses b 11,754	-			1
Ö	c Net income or (loss) from fundraising events	20,532.			
	9a Gross income from gaming activities See Part IV, line 19			-	
	b Less: direct expenses b				1
	c Net income or (loss) from gaming activities	>		 	· · · · · · · · · · · · · · · · · · ·
	10 a Gross sales of inventory, less returns and allowances				1
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11 a OTHER INCOME	85.	85.		
	b	 			
	c			·	
	d All other revenue.				
	C Total: Add mics Tra Tra	85.	-		
	12 Total revenue. See instructions	► 692,307.	513,149.	0.	0.

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)

	Check if Schedule O contains a re	esponse to any question	ın this Part IX		
	not include amounts reported on lines 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 United States See Part IV, line 21				,
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	415,566.	336,951.	59,249.	19,366.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	4,400.	3,568.	490.	342.
9	Other employee benefits	50,235.	40,732.	9,503.	342.
10	Payroll taxes	34,626.	28,076.	5,069.	1,481.
11	Fees for services (non-employees)	34,020.	20,010.	3,009.	1,401.
	a Management				
	b Legal				
	Accounting	C 50C	2 202	2 002	
	F	6,586.	3,293.	3,293.	
	d Lobbying		7 ET /		
	Professional fundraising services See Part IV, line 17		, , , ,	F # 2	
	Investment management fees				
	Other				
	Advertising and promotion				
13	Office expenses	10,572.	7,888.	2,684.	
14	Information technology	5,936.	2,968.	2,968.	
15	Royalties				·
16	Occupancy	32,842.	31,200.	1,642.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,368.	45,000.	2,368.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	-		-	
а	SCHOLARSHIPS	67,123.	67,123.		
	PROGRAM EXPENSES	19,301.	19,301.		
	MISCELLANEOUS	10,996.	10,360.	636.	
	TELEPHONE	2,783.	2,644.	139.	
	All other expenses	2,630.	1,259.		1,371.
	Total functional expenses. Add lines 1 through 24e	710,964.	600,363.	88,041.	22,560.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	710,704.	000,303.	00,041.	22,300.
	Check here ► if following				
	SOP 98-2 (ASC 958-720)				

Part X

BAA

Balance Sheet

Form 990 (2011)

(A) Beginning of year **(B)** End of year 904 1 1 Cash - non-interest-bearing 27,751 28,964. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 10,378 4 5,494 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net 7 Inventories for sale or use 8 14,901 13,218. Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,892,814 10a 10b 1,009,818 914,933 882,996. **b** Less accumulated depreciation 10 0 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 347,624 13 330,465. 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,316,491 16 1,261,137. 17 Accounts payable and accrued expenses 25.181 17 31,403. 18 Grants payable 18 19 Deferred revenue 50,287 19 7,368. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 75,468 38,771 26 Organizations that follow SFAS 117, check here ► X and complete lines N E T 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 1,031,407 27 1. 022,831. 28 18,999 8,918. Temporarily restricted net assets 28 Permanently restricted net assets 190,617 29 190,617. Q R Organizations that do not follow SFAS 117, check here and complete 1 lines 30 through 34. FUZD Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 241,023 1,222,366. Total net assets or fund balances 33 Total liabilities and net assets/fund balances 1,316,491 34 1,261,137.

TEEA0111L 07/06/11

Forn	990 (2011) THE WAUSAU CONSERVATORY OF MUSIC, INC39-139100	8	Pag	ge 12
Pa	t XI Reconciliation of Net Assets		_	
	Check if Schedule O contains a response to any question in this Part XI			
1.	Total revenue (must equal Part VIII, column (A), line 12)		<u>2,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)		0,9	
3	Revenue less expenses Subtract line 2 from line 1		8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,24	1,0	<u>23.</u>
5	Other changes in net assets or fund balances (explain in Schedule O).			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	1,22	2,3	66.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	- Y	res .	No
2:	in Scriedule O Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	الخسنة	لــــــــــــــــــــــــــــــــــــ
	Were the organization's financial statements audited by an independent accountant?		\mathbf{x}	
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain	2c	х	
	in Schedule O		.	l
ď	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		ه د د	
	X Separate basis Consolidated basis Both consolidated and separate basis	1000厘		2
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		<u>X</u>
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıt 3 b		
BAA		Form 9	990 (2	2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE	WAUSAU CONSERVA	ATORY OF MUSIC	C, INC.					39-1	391008	3	
Parl	I Reason for Pub	ic Charity Status	(All organizations	_must o	comple	ete this	part.)	See i	nstruct	ions.	
The o	organization is not a priva	ite foundation becaus	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	A church, convention	of churches or asso	ciation of churches des	cribed in	n section	n 170(b)	(1)(A)(i)	١.			
2	X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's										
•	name, city, and state.										
5		ated for the benefit of	of a college or university	y owned	or oper	ated by	a gover	nmenta	l unit de:	scribed in s	ection
6			overnmental unit descri								
7	in section 170(b)(1)(A)(vi). (Complete Pa	•		_	vernme	ntal uni	t or fron	n the ger	neral public	described
8	_		70(b)(1)(A)(vi). (Comple		•						
9	from activities related	d to its exempt functi nd unrelated busines) more than 33-1/3% o ons – subject to certail s taxable income (less mplete Part III)	n except	lions, an	id (2) no	more i	:han 33-	1/3% of	its support	from gross
10	An organization orga	nized and operated e	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).			
11	more publicly suppor	ted organizations des	exclusively for the bene scribed in section 509(a tion and complete lines	a)(1) or s	section 5	509(a)(2	ctions o	of, or ca section !	rry out th 5 09(a)(3) —	ne purposes . Check the	of one or box that
	a Type I	b Type II	c 💹 Type II	I — Fund	ctionally	ıntegra	ted		d 📗	Type III –	Other
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f	If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	3 Type I	Type II	or Typ	e III sup	porting o	organization	ι, 📗
g	Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	,7	
											Yes No
	(i) A person who obelow, the gove	directly or indirectly or erning body of the su	ontrols, either alone or pported organization?	togethe	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)	
	(ii) A famıly memb	er of a person descri	bed ın (ı) above [?]							11 g (ii)	
	(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	
h	Provide the following	information about th	e supported organization	on(s)							
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	the organ	ou notify ization in n (i) of ipport?	organiz colun	s the ation in nn (i) ed in the	(vii) Amount of support	
		·		Yes	No	Yes	No	Yes	No		
				1							
<u>(A)</u>				ļ							
					1						
<u>(B)</u>										·· ·· ·· ·· ·· ·· ·· ·· · · · · · · ·	
(C)											
<u>(D)</u>											<u> </u>
<u>(E)</u>					<u> </u>						
Total		•					*	• •	,		

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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		, -	. ;	н,				
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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		, ,		* ***	ary ar			
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12			
13	First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)		
	tion C. Computation of Pu								
	Public support percentage for 20		-	ne 11, column (f))		14	%		
15	Public support percentage from	2010 Schedule A,	Part II, line 14			15	%		
16 a	33-1/3% support test — 2011. If and stop here. The organization				nd the line 14 is 3	3-1/3% or more, (check this box		
t	33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pul	did not check a bo olicly supported o	ox on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more,	check this box		
17 a	o 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Par	t IV how		
t	b 10%-facts-and-circumstances test — 2010. 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								
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	<u> </u>				
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2011		

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	sted below, pleat	se complete i art i	11 /			
Section A. Public Support	(2) 2007	(h) 2009	(c) 2000	(d) 2010	(a) 2011	(f) Total
Calendar year (or fiscal yr beginning in) 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						
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)			1			
Section B. Total Support	*					
Calendar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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			· N			·
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).						
Total support. (Add Ins 9, 10c, 11, and 12)First five years. If the Form 990.	is for the organiz	ation's first secon	id third fourth o	r fifth tay year as	a section 501(c)(3)	
organization, check this box and	stop nere			as		▶
Section C. Computation of Pub						
15 Public support percentage for 20			e 13, column (f))		15	<u>%</u> %
16 Public support percentage from 2					16	%
Section D. Computation of Inve				<u> </u>		
17 Investment income percentage for				mn (f))	17	
18 Investment income percentage fr 19a 33-1/3% support tests – 2011. If				and line 15 is more	18 than 33-1/3% and	% No. 17
is not more than 33-1/3%, check b 33-1/3% support tests – 2010. If	this box and stop the organization	p here. The organ did not check a be	ization qualifies a ox on line 14 or l	is a publicly suppoint ine 19a, and line	orted organization 16 is more than 33-	1/3% and
line 18 is not more than 33-1/3% 20 Private foundation. If the organization	, check this box a	and stop here. The	e organization qu	alifies as a public	y supported organi	zation

Schedule A	(Form 990 or 9	990-EZ) 201	THE !	WAUSAU	CONSER	VATORY	OF	MUSIC,	INC.	39-139	91008	Page 4
Part IV	Supplemen Part II, line (See instruc	tal Inform 17a or 17	ation. Co b; and Pa	mplete art III, Iır	this part ne 12. Al	to prov so com	ide th plete	ne explan this part	ations for any	required by additional	Part II, lin informatio	e 10; n.
•	(See instruc	ctions).		_								
	. _											
		. – – – –		-								
			- -									
	· -	·										
		_										
												
		. – – – – -										
	-											
-												
		. – – – – -										

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number THE WAUSAU CONSERVATORY OF MUSIC, INC. 39-1391008 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? No 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? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)^{7}$ 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 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 ▶\$ 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 ►Ś

Part III Organizations Mainta	ining Colle	ctions of Art, Hist	orical Treasures, c	r Other Similar As	sets (continued)
3 Using the organization's acquisit items (check all that apply)	ion, accession	, and other records, cl	heck any of the followin	g that are a significant	use of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 💹 Othe	r	·	
c Preservation for future gene	rations				
4 Provide a description of the organization Part XIV		·			ose in
5 During the year, did the organiza assets to be sold to raise funds	rather than to	<u>be maintained as part</u>	of the organization's co	ollection?	Yes No
Part IV Escrow and Custodia line 9, or reported an	amount on	Form 990, Part X,	the organization at line 21.	nswered 'Yes' to Fo	orm 990, Part IV,
1a Is the organization an agent, tru- included on Form 990, Part X?				her assets not	Yes No
b If 'Yes,' explain the arrangement	t in Part XIV ai	nd complete the follow	ving table:		
					Amount
c Beginning balance				1c	· · · · · · · · · · · · · · · · · · ·
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance			_	1f	
2a Did the organization include an a		m 990, Part X, line 21	7		∐ Yes ∐ No
b If 'Yes,' explain the arrangement				000 D 1071	
Part V Endowment Funds. Co					
4.5	(a) Current y	rear (b) Prior year	ar (c) Two years bac	ck (d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					All This
f Administrative expenses					· Might of the state of the state of
g End of year balance.	<u> </u>				the way the said
2 Provide the estimated percentag	e of the curren	t year end balance (lii	ne 1g, column (a)) held	as	
a Board designated or quasi-endown	vment >	%			
b Permanent endowment ▶	ુ ર				
c Temporarily restricted endowmer	nt ►	%			
The percentages in lines 2a, 2b,	and 2c should	equal 100%.			
3a Are there endowment funds not a organization by	in the possessi	on of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations			•		3a(ii)
b If 'Yes' to 3a(II), are the related of	organizations li	sted as required on S	chedule R2		3b
4 Describe in Part XIV the intended					30 1
Part VI Land, Buildings, and I					
Description of property		a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		,	10,300.	depreciation	10,300.
b Buildings	 		1,607,375.	753,117.	854,258.
c Leasehold improvements		···	1,001,010.	755,117.	034,230.
d Equipment	 		196,956.	195,413.	1,543.
e Other	-		78,183.	61,288.	16,895.
otal. Add lines 1a through 1e (Colum	n (d) must ea	ual Form 990 Part Y			
BAA	(a) mast eq	au roini 930, Fait A,	coramir (b), line TO(C)		882,996.
' 00				Schei	dule D (Form 990) 2011

Schedule D (Form 990) 2011 THE WAUSAU CONSERVATORY OF MUSIC, INC. 39-1391008

Page 2

Schedule D (Form 990) 2011 THE WAUSAU CONSERVATORY OF MUSIC, INC

39-1391008

Page 3

Sche	edule D (Form 990) 2011 THE WAUSAU CONSERVATORY OF MUSIC, INC.	39-1391008	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		692,307.
2	Total expenses (Form 990, Part IX, column (A), line 25)		710,964.
3.			-18,657.
4	Net unrealized gains (losses) on investments		
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		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-18,657.
	t XII Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	704,061.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments	3 , 1	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants		
	Other (Describe in Part XIV) SEE PART XIV	11,754.	
	Add lines 2a through 2d	2e	11,754.
2	Subtract line 2e from line 1	3	692,307.
3	1 1	-3	032,301.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b		
	,		
	Add lines 4a and 4b	4c	602 207
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		692,307.
	t XIII Reconciliation of Expenses per Audited Financial Statements With E		722 710
1	Total expenses and losses per audited financial statements	51.2	722,718.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments . 2b		
	Other losses 2c		
	Other (Describe in Part XIV) SEE PART XIV	11,754.	11 754
е	Add lines 2a through 2d	2e	11,754.
3	Subtract line 2e from line 1	3	710,964.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	The state of the s	
	Investment expenses not included on Form 990, Part VIII, line 7b	1.57	
	Other (Describe in Part XIV) Add lines 4a and 4b	4c	
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	710,964.
	t XIV Supplemental Information		
		a and 4. Part IV. lines 1b and	2b.
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4	b Also complete this part to p	rovide
any a	additional information		
	PART X - FIN 48 FOOTNOTE.		
	THE DINAMOTAL ACCOUNTING CHANDADOC DOADD (FACD) HAC ICCHED	EACD INTERDDETATION	N NO
	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED	<u> FY2R INTEKKETAT TO</u>	<u>N_NO</u>
	40 "ACCOUNTING DOD INCORDEATION IN INCOME MAYES" (EIN 40)	EIN 40 ADDDESSES TO	ur.
	48 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" (FIN 48).	<u> </u>	ur
	ACCOUNTING AND DIGGLOCUDE OF INCEPTAIN MAY DOCUMENCE FOR	CEDENIN NONDURITC	
	ACCOUNTING AND DISCLOSURE OF UNCERTAIN TAX POSITIONS. FOR	CEKIWIN MONFORFIC	
	PARTED DATES THE LIDTUE NOT FOR DROFT OF CANTANTONS THE F	EEECTIVE DATE OF ET	NT // O
	<u>ENTERPRISES, INCLUDING NOT-FOR-PROFIT ORGANIZATIONS, THE E</u>	LECTIVE DATE OF ET	N_40
	WAS DEFERRED UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 1	5 2008 THE OPCAN	T 7 A T T O NI
	<u></u>	2 - 2000 - TIIB OUGUN	* ~ * * * * * * * * * * * * * * * * * *
	ADOPTED AND IMPLEMENTED FIN 48 IN A PRIOR FISCAL YEAR. TH	E ORGANIZATION'S CIT	RRENT
	ביה סר דביה "בינה היהיה מידה ה"בים "בס" בינו ע"ב עד הסרעה הפעניי" בינו	~ ^1.0114151111011 D CO	
	ACCOUNTING POLICY REGARDING UNCERTAIN TAX POSITIONS IS TO	EVALUATE. AT LEAST	
BAA			orm 990) 2011

Schedule D (Form 990) 2011	THE WAUSAU C	CONSERVATORY O	F MUSIC,	INC.	39-1391008	Page 5
Part XIV Supplementa	Information (co	ontinued)				
PART X - FIN 48 FO	OTNOTE (CONT	INUED)				
ANNUALLY, THE PO	OTENTIAL FOR	INCOME TAX EX	POSURE FR	OM UNRELATED	BUSINESS INCOME	_OR
FROM_LOSS_OF_NO	NPROFIT STATU	S. NO UNCERTA	IN POSITI	ONS REPORTED.		
			· — — — —			
			. 			

Schedule D	(Form 990) 2011	THE WAUSAU	CONSERVATORY OF continued)	F MUSIC,	INC.	39-1391008	Page 5
Part XIV	Supplemental	Information (Co	ontinued)				
-							
-							
-		· 					
	 						

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No 1545-0047 2011

Open to Public Inspection

THE WAUSAU CONSERVATORY OF MUSIC, INC.

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 39-1391008

art				
			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?	1	х	
	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?	2	X	╁
	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 had 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	3	X	ļ
	NEWSPAPER ADS, CATALOGUES, NEWSLETTERS, TV/RADIO PUBLIC SERVICE ANNOUNCEMENTS, AND ENROLLMENT MATERIALS ALL CONTAIN ANTI-DISCRIMINATORY STATEMENTS.		***	,
1	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	$\overline{\mathbf{x}}$	
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	ļ
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II			
-			•	-
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		X
		7.		
b.	Admissions policies?	5 b		X
c	Employment of faculty or administrative staff?	5 c		Х
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		Х
g	Athletic programs?	5 g		Х
	Other extracurricular activities? f you answered 'Yes' to any of the above, please explain. If you need more space, use Part II	5h		X
-				
- 6 a l	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	f you answered 'Yes' to either line 6a or line 6b, explain on Part II			
•	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	7	- <u>-</u> -	

Schedule	E (Form	1 990 or 9	990-EZ)	2011	THE	WAUSAU	CON	SERV	ATOR	OF	MUSIC	, IN	С	39-1	39100	8	Page 2
Part II	Suppl 4d, 5h (see II	ementa ı, 6b, ar ıstructi	I Information Ind 7, a ons).	rmati as ap	on. C plica	Complete ble. Also	this p	oart to olete	o prov this pa	ide tl art to	ne expla provide	anatio e any	ns requ other a	ired by Iditional	Part I, Inforn	lines 3, nation	
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Schedule E (Form 990 or 990-EZ) 2011

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service	or 19, or if ► At	the organiza	tion ente 990 or Fo	red more torm 990-E	han \$15,000 on Form 9 Z. ► See separate ins	90-EZ, li tructions	ne 6a. 5.	Inspection
Name of the organization	<u> </u>						Employer identifica	ation number
THE WAUSAU CON	ISERVATORY OF	MUSIC,	INC.				39-139100	8
Part I Fundraising	ı Activities. Complet Z fılers are not requ	te if the orgar ired to compl	nization ai ete this pa	nswered 'Y art	es' to Form 990, Part I	V, line 1	7	
					owing activities Check	all that a	apply	
a Mail solicitati				е	Solicitation of non-	-	-	
F=1	email solicitations			f	Solicitation of gove		grants	
c Phone solicit				g	Special fundraising	events		
d In-person solution 1 language 2 a Did the organizate employees listed	tion have a written o	or oral agreen VII) or entity i	nent with n connect	any individ	dual (including officers, rofessional fundraising	directors services	s, trustees or k	ey Yes X No
b If 'Yes,' list the to compensated at	en highest paid indiv least \$5,000 by the	viduals or ent organization.	ities (fund	draisers) p	ursuant to agreements	under wl	hich the fundra	iser is to be
(i) Name and addre	ss of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(v) Am	nount paid to etained by)	(vi) Amount paid to (or retained by)
or entity (tall	idiaisei)		of contr	ibutions?	nom activity	fundra	iser listed in	organization
			Yes	No		CC	olumn (i)	
1			162	NO				
2								
3								
4							:	
5								-
6								
7								
						·		
8								
9								
10								
	<u> </u>							_
Total 3 List all states in v	which the organizati	on is register	ed or lice	nsed to so	licit contributions or has	s been n	otified it is exe	mot from registration
or licensing	mion the organizati	on is register	04 07 1100		non contributions of has	3 50011 11	otinod it id oxo	mpt nom regionation
						- -		
						- 		
							 -	
			- -					
								

Pai	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, III on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
R E		List events with gross receipts gro	(a) Event #1 UNA NOTTE BELL (event type)	(b) Event #2 ROSE SALE (event type)	(c) Other events	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	17,711.	11,320.		29,031.
Ē	2	Less: Charitable contributions	7	:		
	3	Gross income (line 1 minus line 2)	17,711.	11,320.		29,031.
	4	Cash prizes				
В	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages	4,749.			4,749.
X	8	Entertainment				
EXPENSES	9	Other direct expenses	1,172.	5,733.		6,905.
S	10	Direct expense summary Add lines 4 thr	-		•	11,654.
Par	11 t III	Net income summary Combine line 3, co Gaming. Complete if the organiza		s' to Form 990. Par	t IV. line 19. or rer	17,377.
		\$15,000 on Form 990-EZ, line 6a.				I
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ĕ 	1	Gross revenue				
E	2	Cash prizes				
PREN	3	Non-cash prizes				
DIRECT	4	Rent/facility costs				
	5	Other direct expenses	[
	6	Volunteer labor	Yes%	Yes%	Yes%	1
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7		
a	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain	g activities in each of th	ese states?		Yes No
		e any of the organization's gaming license	·	_	•	Yes No
BAA			TEEA3702L 0	1/24/12	Schedule G (For	m 990 or 990-EZ) 2011

39-1391008

Schedule G (Form 990 or 990-EZ) 2011 THE WAUSAU CONSERVATORY OF MUSIC, INC.

Sche	edule G (Form 990 or 990-EZ) 2011 THE WAUSAU CONSERVATORY OF MUSIC, INC.	39-1391008	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity fradminister charitable gaming?	ormed to Yes	No
13	Indicate the percentage of gaming activity operated in:	1 1	
	a The organization's facility	13a	%
	an outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an	nd records:	
	Name •		
	Address ►		<u>-</u>
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming reveni	ue? Yes	No
t	b If 'Yes,' enter the amount of gaming revenue received by the organization ►\$ and	the amount	_
	of gaming revenue retained by the third party ► \$		
(c If 'Yes,' enter name and address of the third party		
	Name •		
	Address ►		
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	etain the Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations o	r spent in the	
Par	organization's own exempt activities during the tax year > \$ It IV Supplemental Information. Complete this part to provide the explanations require	d by Part Llina	2h
rai	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applithis part to provide any additional information (see instructions).	cable. Also comp	olete
		·····	
			
			
_			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number 39-1391008 THE WAUSAU CONSERVATORY OF MUSIC, INC FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS REVIEWED BY STAFF AND TREASURER. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DISCLOSED IN ACCORDANCE WITH BOARD POLICY.

2011	SCHEDULE D, PART XIV - SUPPLEMENTAL IN	IFORMATIC	NPAGE 4
CLIENT 940	THE WAUSAU CONSERVATORY OF MUSIC, INC.		39-139100
1/10/13 SCHEDULE (PART XII LINE 2D		06:00P
OTHER REVE	D, PART XII, LINE 2D ENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		
FUNDRAISIN	G	TOTAL \$	11,754. 11,754.
SCHEDULE (OTHER EXPE	D, PART XIII, LINE 2D ENSES AND LOSSES PER AUDITED F/S		
FUNDRAISIN	G .	TOTAL \$	11,754. 11,754.

(Rev January 2012)

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury ► 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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 39-1391008 THE WAUSAU CONSERVATORY OF MUSIC, INC. print Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions File by the PO BOX 606 due date for City, town or post office, state, and ZIP code For a foreign address, see instructions filing your return See WAUSAU, WI 54402-0606 instructions Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990-T (corporation) 07 Form 990 01 80 Form 1041-A Form 990-BL 02 09 01 Form 4720 Form 990-EZ 10 Form 990-PF Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 12 Form 990-T (trust other than above) Form 8870 THE WAUSAU CONSERVATORY OF MUSIC, INC. The books are in the care of ► Telephone No. ▶ 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) 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. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEB. 15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 ____ or ► KX tax year beginning JULY 1 , 20 11, and ending JUEN 30 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return 2 Change in accounting period 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. 3a 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. зь |\$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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