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Department of the Treasury

Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its Instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No 1545-0047

For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15 C Name of organization D Employer identification number THE WAUSAU CONSERVATORY R Check if applicable OF MUSIC, INC. -Address change Doing business as 39-1391008 Name change Number and street (or P O box if mail is not delivered to street address) Room/sult 715-845-6279 PO BOX 606 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated WAUSAU 54402-0606 619,478 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending SAME AS ABOVE H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) 501(c) () \blacktriangleleft (insert no) 4947(a)(1) or 527 Tax-exempt status WAUSAUCONSERVATORY.ORG H(c) Group exemption number Year of formation 1981 Form of organization X Corporation Trust Association State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE WAUSAU CONSERVATORY OF MUSIC PROVIDES EXCEPTIONAL MUSIC EDUCATION AND Activities & Governance PERFORMANCES THAT ENRICH THE LIVES OF STUDENTS AND THEIR TAMILIES, FACULTY, AND MEMBERS OF THE COMMUNITY. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2003.

3 Number of voting members of the governing body (Part VI, line 1a).

4 Number of independent voting members of the governing body (Part VI line IB). 12 12 4 28 5 Total number of individuals employed in calendar year 2014 (Part V, Inda 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 O 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 130,569 119,081 8 Contributions and grants (Part VIII, line 1h) 474,780 517,131 9 Program service revenue (Part VIII, line 2g) 110 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 38,890 -8.51617,466 21,795 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 704,056 607,140 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) √ 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 452,844 460. 330 1 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 7,234 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 195,446 198,966 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 648,290 659,296 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 55,766 -52,156 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,331,661 1,277,437 20 Total assets (Part X, line 16) 35,291 37 359 21 Total liabilities (Part X, line 26) 294,302 242,146 22 Net assets or fund balances Subtract line 21 from line 20 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 10/26/2015 Sign Treasurer Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 09/30/15 self-employed P00028934 RICHARD W. YAEGER, CPA RICHARD W. YAEGER, CPA HOWARD Preparer & COMPANY, 39-1561732 KRAUSE Firm's EIN Firm's name Use Only PO BOX 179 715-845-7306 54402-0179 WAUSAU, WI Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2014)

Form 990 (2014) 【	THE WAUSAU CONSI	ERVATORY	39-1391008	Page 2
		rvice Accomplishments ns a response or note to any	v line in this Bort III	
1 Briefly describ THE WAUS PERFORMA	ne the organization's mission AU CONSERVATORY	OF MUSIC PROVIDE H THE LIVES OF ST	S EXCEPTIONAL MUSIC	
prior Form 990 If "Yes," descr	0 or 990-EZ? ribe these new services on Sch			Yes X No
services? If "Yes," descr	nbe these changes on Schedule		ee largest program services, as measui	Yes X No
expenses Sec	_	ganizations are required to report th	ne amount of grants and allocations to d	
SINCE 19	81. IN 2015 TH	E SCHOOL HAS OVER	f \$ (Revised) (Revise	LVED IN
4b (Code) (Expenses \$	including grants o	of \$) (Rev	venue \$
				,
4c (Code) (Expenses \$	including grants o	of \$) (Re-	venue \$
	n services (Describe in Schedu			
(Expenses \$		ncluding grants of \$ 562,464) (Revenue \$	
4e Total program	n service expenses	562,464		Form 990 (20

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)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		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? If "Yes," complete Schedule C, Part II	4		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? 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_		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		<u>X</u>
0	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		_ <u>X</u> _
1	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		w	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c	x	
٨	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	116		
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	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 and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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 other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		7.7	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>

	990 (2014) THE WAUSAU CONSERVATORY	39-1391008	P	age 4
_Pa	irt IV Checklist of Required Schedules (continued)		 -	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule	I, Parts I and II	-	_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or fo	r domestic individuals on		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about comp	pensation of the	}	
	organization's current and former officers, directors, trustees, key employees, and	highest compensated		
	employees? If "Yes," complete Schedule J	23	<u> </u>	X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal a			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002?	' If "Yes," answer lines 24b		
	through 24d and complete Schedule K If "No," go to line 25a	<u>24a</u>	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary	y period exception? 24b	ļ	
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any til	me during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organizatio	n engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule	e L, Part I 25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a di	isqualified person in a prior		
	year, and that the transaction has not been reported on any of the organization's p	rior Forms 990 or 990-EZ?		
	If "Yes," complete Schedule L, Part I	<u>25b</u>	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables fr	rom or payables to any		
	current or former officers, directors, trustees, key employees, highest compensate	ed employees, or		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trus	stee, 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, P	Part III 27		Х
28	Was the organization a party to a business transaction with one of the following page	arties (see Schedule L,		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete \$	Schedule L, Part IV 28a		X
b	A family member of a current or former officer, director, trustee, or key employee?	7 If "Yes," complete		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (o	r a family member thereof)	1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Sch	nedule L, Part IV 28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes	s," complete Schedule M 29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other simi	lar assets, or qualified		•
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ye	s," complete Schedule N,		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its n	net assets? If "Yes,"	l	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization	anization under Regulations	ŀ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete	ete Schedule R, Parts II, III,		İ
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)	(13)? 35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in a	ny transaction with a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Scho	edule R, Part V, line 2	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an			1
	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	s not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," con	nplete Schedule R,		1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

X

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Part VI

ra	Triv Statements Regarding Other IRS Filings and Tax Compliance					
—-	Check if Schedule O contains a response or note to any line in this Part V					,
1.	February and the Box 2 of Ferm 4000 February 4000 February	ایدا	1	[Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					}
a -	reportable gaming (gambling) winnings to prize winners?			_1c		
zą	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		28			l
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		─	7.5	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,		_2b	X_	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		<u> </u>
ь	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of	ounts		1 1		
	(F8AR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1,5		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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 as charitable contributions?			_6a		_X_
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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			}		}
	required to file Form 8282?	1 1		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control			7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a l	Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter					}
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					ł
	against amounts due or received from them)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?		12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers					
а	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 which					
-	the organization is licensed to issue qualified health plans	_13b_				
С	Enter the amount of reserves on hand	13c				<u>L</u> .
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		14b		
- -				Fo	m 99	0 (2014)

financial statements available to the public during the tax year

WI 54403 WAUSAU

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	ss pe	ition more (rson (s	than on both a truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KEITH MONTGOMERY										
1	0.00					i 1				
DIRECTOR	0.00	X	j	1)		0	0	0
(2) DARLINE DUNN										
	0.00	1		•						
DIRECTOR	0.00	X	ļ					0	0	0
(3) LAURIE FRASER	_ _									
``	0.00									
DIRECTOR	0.00	X	1	1		1 1		0	0	0
(4) ROBIN HAEHLKE										
	0.00	1	ļ	!)]				
DIRECTOR	0.00	X			l				0	0
(5) HAL OSBORN										
	0.00			1		1				
DIRECTOR	0.00	X				1		o	0	0
(6) BENJAMIN PETERSC	N	T								
	0.00	1			ĺ					
DIRECTOR	0.00	X	1	1				0	0	0
(7) GINNY SAUER		1	T							
• •	0.00		1	1						
DIRECTOR	0.00	X		l				0	0	0
(8) KERI WULF			Γ							
	0.00		ļ	1		'				
DIRECTOR	0.00	X					i	0	0	0
(9) ANDREA SHERIDAN		7								
	0.00									
PRESIDENT	0.00			X	L	1		0	0	0
(10) MARLYS KLUCK										
	0.00		1							
TREASURER	0.00			X	L			0	0	0
(11) REID RAYOME	i — —									
	0.00									
VICE PRESIDENT	0.00	1	1	$ \mathbf{X} $	1	I	ĺ	1 0	i o	1 0

	0 (2014) THE WAUSA								39-139	1009			rd	ige c
Rart \	/ Section A. Officers	Directors, Tru	stees	s, Ke	y Er	mplo	yees	, an	d Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	ix, unli ficer a	Pos check ess pe ind a c	erson i	than or s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount other compensa from the	of ition	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organizat and relat organizati	ion ed	
(12) EM	ILU STARCK	0.00			-								-	
SECRE	TARY	0.00			x				0	o	}			C
(13)														
(14)			_											
(15)					-				<u> </u>				<u>-</u>	
(16)			-		_	-						 -		
(17)		· 	_	<u> </u>	_							. <u></u> _		
(17)														
(18)														
(19)			-	-										
с То	ub-total otal from continuation shee	ets to Part VII, S	Section	on A		J		>						
2 To	otal (add lines 1b and 1c) otal number of individuals (incorportable compensation from t			to th	nose	liste	d abo	ve) v	who received more than \$1	00,000 of				
	d the organization list any for							ploye	ee, or highest compensated	I		3	Yes	No X
4 Fo	or any individual listed on line ganization and related organi dividual	1a, is the sum of	f rep	ortat	ole co	ompe	ensat			m the		4		х
5 Di	d any person listed on line 1a r services rendered to the org									dividual		5		х
1 C	B. Independent Contractor complete this table for your five compensation from the organize	highest compe	nsate	ed in	depe	ender	nt cor	ntrac	tors that received more that	n \$100,000 of				
		(A) business address	inper	15011	01110	n the	Calc	luai		(B) tion of services		Соп	(C) npensatio	пс
								-			· <u>-</u>			
								-			<u> </u>			
2 To	otal number of independent of	ontractors (inclu	ding l	but r	ıot lır	nited	to th	ose	listed above) who		~	I		

	,	Check if Schedule (a response or	note to any line in	this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a- Total Add lines 1a-1f	1a	119,081	119,081			
				Busn Code			 -	
Program Service Revenue	2a b c d	PROGRAM SERVICE REVI	ENUE		474,780	474,780		
ğ		All other program service rever	nue		474,780			
-		Total. Add lines 2a–2f Investment income (including of	dwidende inter	ect	474,780		- 1.5.	
Other Revenue	4	and other similar amounts) Income from investment of tax Royalties		> _	-8,516	-8,516		
	6a b c d 7a b	Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss) Net gain or (loss)		(II) Other				
	b 9a b c 10a	Gross income from fundraising ever (not including \$ of contributions reported on line 1c See Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from gaming activities See Part IV, line 19 Less direct expenses Net income or (loss) from gam Gross sales of inventory, less returns and allowances Less cost of goods sold	a b draising events es a b ming activities	29,533 12,338	17,195			
	l.	Net income or (loss) from sale		>				
		Miscellaneous Revenue		Busn Code				
	11a	OTHER INCOME		-	4,600	4,600		
	b							
	C	All other revenue		 				
	de	All other revenue Total. Add lines 11a–11d		-	4,600			
	12	Total revenue. See instruction	ons	•	607,140	470,864		0 (
								- 000

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) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 63,701 388,335 318,479 6,155 Other salaries and wages Pension plan accruals and contributions (include 6,871 1,403 8,400 126 section 401(k) and 403(b) employer contributions) 35,455 29,109 5,815 531 Other employee benefits 28,140 23,103 4,615 422 Payroll taxes Fees for services (non-employees) Management Legal b 2,921 2,921 5,842 Accounting С Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 25,930 5,993 31,923 13 Office expenses 14 Information technology Royalties 15 40,182 42,297 2,115 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 41,037 2,160 43,197 22 Depreciation, depletion, and amortization 23 Insurance 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) 56,028 56,028 SCHOLARSHIPS 13,249 12,636 613 MISCELLANEOUS b 262 5,232 4,970 TELEPHONE С 1,198 1,198 BAD DEBTS All other expenses 659,296 562,464 89,598 7,234 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720) DAA Form 990 (2014) **Balance Sheet**

Form 990 (2014)

Part X

	art Y	Chack if Schodule O contains a response or note to	any line in this Bort V			
		Check if Schedule O contains a response or note to	any line in this Part X	(A)	- - 1	(B)
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		33	1	33
		Savings and temporary cash investments	<u> </u>	66,228	2	47,745
		Pledges and grants receivable, net	<u> </u>	00,220	3	47,743
		Accounts receivable, net	-	41,472	4	39,728
		Loans and other receivables from current and former offic	ers directors			
!		trustees, key employees, and highest compensated employees	· · · · · · · · · · · · · · · · · · ·		1	
		Complete Part II of Schedule L	,,,,,,		5	
		Loans and other receivables from other disqualified perso				
		4958(f)(1)), persons described in section 4958(c)(3)(B), at				
		sponsoring organizations of section 501(c)(9) voluntary er				
w		organizations (see instructions) Complete Part II of Sched			6	
Assets	7	Notes and loans receivable, net			7	
As	l	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	ļ-	1,651	9	1,388
		Land, buildings, and equipment cost or		, _		
		other basis Complete Part VI of Schedule D	10a 1,921,847			
	Ь	Less accumulated depreciation	10b 1,112,245	834,751	10c	809,602
	11	Investments—publicly traded securities			11	
	l	Investments—other securities See Part IV, line 11	Γ	-	12	
	13	Investments—program-related See Part IV, line 11	Ī	387,526	13	378,941
	14	Intangible assets	Ī		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,331,661	16	1,277,437
	17	Accounts payable and accrued expenses		12,363	17	11,340
	18	Grants payable			18	
	19	Deferred revenue		24,996	19	23,951
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Ś	22	Loans and other payables to current and former officers,	directors,			
Liabilities		trustees, key employees, highest compensated employee	s, and			
abi		disqualified persons Complete Part II of Schedule L	1		22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pai	ties	_	24	
	25	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	
	26	Total liabilities. Add lines 17 through 25		37,359	26	35,291
		Organizations that follow SFAS 117 (ASC 958), check	k here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.		4 065 000	i	1 000 000
laŭ	27	Unrestricted net assets		1,067,388		1,009,809
Ва	28	Temporarily restricted net assets	-	36,297		41,720
pu	29	Permanently restricted net assets		190,617	29	190,617
Ę		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
Net Assets or Fund Balances		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	<u>,</u> .		30	
l As	31	Paid-in or capital surplus, or land, building, or equipment	(31	
Ne	32	Retained earnings, endowment, accumulated income, or	other funds	1,294,302	32	1 242 146
	33	Total net assets or fund balances		1,331,661		1,242,146 1,277,437
	34	Total liabilities and net assets/fund balances		1,331,301	1 34	Form 990 (2014)

orm	1990 (2014) THE WAUSAU CONSERVATORY 39-1391008			Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	07,	140				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	59 ,	296				
3	Revenue less expenses Subtract line 2 from line 1	3		-52,1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2						
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities 6								
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	1,2	42.	146				
Pa	art XII Financial Statements and Reporting								
-	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
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				1				
	Schedule O								
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	x				
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both		1						
	Separate basis Consolidated basis Both consolidated and separate basis			·					
_			2b	x	1				
D	Were the organization's financial statements audited by an independent accountant?		20						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Ĭ		ĺ				
	separate basis, consolidated basis, or both			1	1				
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			x	1				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in		ļ						
	Schedule O								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1	x				
	the Single Audit Act and OMB Circular A-133?		3a						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	L	<u></u>				
			Fo	m 991	0 (2014)				

SCHEDULE.A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE WAUSAU CONSERVATORY

OF MUSIC, INC.

Employer Identification number 39-1391008

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) X 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (II) EIN (III) Type of organization listed in your governing support (see other support (see organization (described on lines 1-9 document? above or IRC section instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

Total

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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2010 Calendar year (or fiscal year beginning in) (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2014. 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 33 1/3% support test-2013. 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 17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Page 3

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

(Complete only	if you checked the box o	n line 9 of Part I or if the organizatio	on failed to qualify under Part II
If the organization	on fails to qualify under t	he tests listed below, please comple	ete Part II)

	on A. Public Support							<u> </u>	_
Calend	lar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total	_
	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								_
	Gross receipts from activities that are not an unrelated trade or business under section 513								_
	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		-		<u> </u>				_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								_
	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								_
с 8	Add lines 7a and 7b Public support (Subtract line 7c from								-
Soci	tion B. Total Support	<u>l</u>	<u> </u>			L			-
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total	-
9	Amounts from line 6	(2) 2010	(2) 2011	(0) 20:2	(4) 25.0	(0) 23		(.,,	-
				<u> </u>					_
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								_
С	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 VI)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for the		, second, third, four	th, or fifth tax year	as a section 501(c)(3)	•		_ _
<u> </u>			tage						
				(f))	·		15		
				(1))					_
							_ ,,		<u> </u>
				column (fl)			17	9/	
				00.2 (1)/					_
				14, and line 15 is r	more than 33 1/3%	, and line			_
130								▶ 1	
h	33 1/3% support tests—2013. If the oran	anization did not ch	eck a box on line 1	4 or line 19a, and l	ine 16 is more than	33 1/3%, and		·	
_	line 18 is not more than 33 1/3%, check th	is box and stop he	ere. The organization	on qualifies as a pu	blicly supported or	ganization		▶ [
20	Private foundation. If the organization did							> _	_
Sec 15 16 Sec 17 18 19a b	organization, check this box and stop here- tion C. Computation of Public Si Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche- tion D. Computation of Investme Investment income percentage for 2014 (line 8, Investment income percentage for 2014 (line 8, Investment income percentage from 2013 33 1/3% support tests—2014. If the organ 17 is not more than 33 1/3%, check this bot 33 1/3% support tests—2013. If the organ line 18 is not more than 33 1/3%, check the	upport Percen , column (f) divided edule A, Part III, line ent Income Per ine 10c, column (f) Schedule A, Part III anization did not che ox and stop here. Income per ine sox and stop here in sox and stop here.	tage by line 13, column e 15 rcentage divided by line 13, II, line 17 eck the box on line The organization queck a box on line 1 ere. The organization	column (f)) 14, and line 15 is rualifies as a publicle 4 or line 19a, and line qualifies as a pu	more than 33 1/3% y supported organi ine 16 is more than blicly supported org	, and line zation i 33 1/3%, and ganization	15 16 17 18		№ [%%%%> [▶ [

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A and D and complete Part II)

Sect	ion A. All Supporting Organizations	piete Part v j		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		1
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			1
	organization was described in section 509(a)(1) or (2)	2		ĺ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ľ		1
	organization made the determination	3b		1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		ĺ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			l
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			ĺ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			1
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ĺ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only Was any added or substituted supported organization part of a class already			İ
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			ļ
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also]
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	1		
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	j		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		}	ł
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	 	
р	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		}]
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	}	ļ	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	10-		
,	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings)	1 100	L	

3a

trustees of each of the supported organizations? Provide details in Part VI

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Net value of non-exempt-use assets (subtract line 4 nom line 3)			
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		<u> </u>
Income tax imposed in prior year			
Distributable Amount Subtract line 5 from line 4, unless subject to			
nergency temporary reduction (see instructions)			<u> </u>
Check here if the current year is the organization's first as a non-functionally-integrated Type	e III su	pporting organization (see	
instructions)			

Page 7

<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continued)	
<u>S</u> ecti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported organizations are accomplished by the supported organization are accomplished by the supported organization are accomplished by the support of the support	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supplied			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	1		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
3	any Subtract lines 3g and 4a from line 2 (if amount	ľ		
	greater than zero, see instructions)	,		
6	Remaining underdistributions for 2014 Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	_			
	instructions) Excess distributions carryover to 2015. Add lines 3j			
7	•			
	and 4c			
8	Breakdown of line 7			
a			 	
		- 	 	
			 	
	Excess from 2013	_	 	
	Excess from 2014		Pohadula A	(Form 990 or 990 FZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 THE WAUSAU CONSERVATORY 39–1391008 F
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 Open to Public

Internal Revenue Service

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

	HE WAUSAU CONSERVATORY		mployer id	entification number
				91008
Pa		ds or Other Similar Funds or Acc		
	Complete it the eigenization another 1 of to 1	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		(~)	T GIRO GIRO GIRO
2	Aggregate value of contributions to (during year)			
3	Aggregate value of 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	e assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclusi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
•	only for charitable purposes and not for the benefit of the donor or donor a			
	conferring impermissible private benefit?	,,,,		Yes No
Pa	rt II Conservation Easements.			
_	Complete if the organization answered "Yes" to Fo	orm 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 a historically importa	ant land a	rea
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservatio	n	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed ın (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, extin	guished, or terminated by the organization d	uring the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		(-1
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
_		then economic during the user		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing coi \$ \\$	iservation easements during the year		
0	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(R)(i)		
8	and section 170(h)(4)(B)(ii)?	requirements of section 17 o(1)(17(5)(1)		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense statement, an	d	
•	balance sheet, and include, if applicable, the text of the footnote to the or			
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art,		milar A	ssets.
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	•		
	works of art, historical treasures, or other similar assets held for public ex		e of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	•			
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce 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 o		the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	lating to these items		
a	Revenue included in Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		▶	<u> </u>

Schedule D (Form 990) 2014 THE WAUS	AU CONSERVA	TORY		39-1391008	B
Part III Organizations Maintaini	ng Collections of	Art, Historical 7	reasures, or	Other Similar	Assets (continued)
3 Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check any of the follo	owing that are a s	significant use of its	
a Public exhibition	d []	Loan or exchange pr	ograms		,
b Scholarly research		Other	ograms		
c Preservation for future generations	٠	Strici .			
4 Provide a description of the organization's of	collections and explain h	ow they further the o	raanization'e eve	mnt nurnose in Part	
XIII	oneodono aria explani il	ow they farther the o	rganization's exe	impt purpose in r art	
5 During the year, did the organization solicit	or receive donations of :	art historical treasur	es or other simils	ər	
assets to be sold to raise funds rather than				21	Yes No
Part IV Escrow and Custodial A		t of the organization	s collection?		
Complete if the organization 990, Part X, line 21	_	to Form 990, Pa	art IV, line 9, d	or reported an ai	mount on Form
	lon or athor intorna dia				
1a Is the organization an agent, trustee, custoo included on Form 990, Part X?	nan or other intermediar	y for contributions of	otner assets not		□ Vaa □ Na
	1				Yes No
b If "Yes," explain the arrangement in Part XII	i and complete the follo	wing table			Amount
- December heles				 	
c Beginning balance					<u> c </u>
d Additions during the year				 	d
e Distributions during the year				}	e
f Ending balance				<u> </u>	lf
2a Did the organization include an amount on I		·		-	Yes No
b If "Yes," explain the arrangement in Part XII	Check here if the expl	lanation has been pro	ovided in Part XII	<u> </u>	
Part V Endowment Funds.	1 115 4 11				
Complete if the organization					
	(a) Current year	(b) Pnor year	(c) Two years	back (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					
e Other expenditures for facilities and					
programs	l				
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the cu	rrent year end balance ((line 1g, column (a))	held as		
a Board designated or quasi-endowment	%				
	6				
c Temporarily restricted endowment ▶	%	-			
The percentages in lines 2a, 2b, and 2c shi	ould equal 100%				
3a Are there endowment funds not in the poss		on that are held and	administered for	the	
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(iı)
b If "Yes" to 3a(ii), are the related organization	ns listed as required on	Schedule R?			3b
4 Describe in Part XIII the intended uses of the	·				
Part VI Land, Buildings, and Eq	uipment.				
Complete if the organizati		' to Form 990, Pa	art IV, line 11	a See Form 990	ე, Part X, line 10
Description of property	(a) Cost or other t		or other basis	(c) Accumulated	(d) Book value
	(Investment)	(other)	depreciation	
1a Land			10,300		10,300
b Buildings		1.	635,036	861,6	
c Leasehold improvements				=_	
d Equipment			276,511	250,5	557 25,954
e Other					
Total. Add lines 1a through 1e (Column (d) must	equal Form 990 Part Y	Column (R) line 10	ic)		▶ 809,602
Total Add lines 18 through 16 (Column (a) must	. oqual i olili ooo, i alt z	s, solution (b), line 10			Schedule D (Form 990) 201

THE WAUSAU CONSERVATORY

Investments—Other Securities.

Part VII

DAA

Page 3

Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11b See Form 990, Part X, line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		· · · · · · · · · · · · · · · · · · ·
(B)		
(C)		
1_1		
(D)		
(E)		-
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1	
Part VIII Investments—Program Related.		
Complete if the organization answered "Yes	s" to Form 990, Part IV, line	11c See Form 990, Part X, line 13
(a) Description of Investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) HELD BY ASSOCIATED TRUST	207,418	
	105,343	
	66,180	
(3) INVESTMENTS-PROGRAM	66,180	MARKET
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	378,941	
Part IX Other Assets.		
Complete if the organization answered "Ye	s" to Form 990, Part IV, line	11d. See Form 990, Part X, line 15
(a) Descrip		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Tatal (Calume (b) must equal form 000 Part X cal (P) inc 15)		>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization answered "Yes	es" to Form 000 Bart IV June	110 or 11f Soo Form 000 Bort V
•	s to Form 990, Fait IV, line	rie of the See rollinggo, Falt A,
line 25		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the	e footnote to the organization's finar	
organization's liability for uncertain tax positions under FIN 48 (ASC 74		

4a

4c

659,296

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR
FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN
ADDITION, THE ORGANIZATION HAS BEEN DETERMINED, BY THE INTERNAL REVENUE
SERVICE, NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509
(A) OF THE INTERNAL REVENUE CODE. THERE WERE NO UNRELATED BUSINESS INCOME
ITEMS, OR ACTIVITIES CONTRARY TO OUR EXEMPT PURPOSE FOR THE 2015 FISCAL
YEAR. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES. THE
ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR
THE YEARS ENDING 2013, 2014, AND 2015 ARE SUBJECT TO EXAMINATION BY THE
IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. WE ARE NOT AWARE OF
ANY UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

Schedule D (Form 990) 2014 THE WAUSAU CONSERVATORY 39- Part XIII Supplemental Information (continued)	-1391008	Page 5
FUND RAISING EVENT EXPENSES	\$	12,338
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCE	IALS - OT	HER
FUND RAISING EVENT EXPENSE	Ś	12.338

SCHEDULE E

(Form 990 or 990-EZ)

Schools

► 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE WAUSAU CONSERVATORY

OF MUSIC, INC.

Employer Identification number 39–1391008

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X 2 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 X describe If "No," please explain If you need more space, use Part II 3 THE POLICY IS ON THE REGISTRATION MATERIALS, ON INVOICES AND ON THE ORGANIZATION'S WEBSITE UNDER THE EMPLOYMENT HEADING. Does the organization maintain the following? X 4a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially 4b X nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X 4c with student admissions, programs, and scholarships? X 4d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to 5a X Students' rights or privileges? X 5b Admissions policies? X 5c Employment of faculty or administrative staff? 5d X Scholarships or other financial assistance? X 5e Educational policies? X 5f Use of facilities? X 5g Athletic programs? X Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II Does the organization receive any financial aid or assistance from a governmental agency? 6a 6b Has the organization's right to such aid ever been revoked or suspended? If 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 X

Schedule E (Form 990 or 990-EZ) (2014)

THE WAUSAU CONSERVATORY

39-1391008

Page 2

Part II 'Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public

Internal Revenue Service Information about Sc	hedule G (Form 990 or	990-EZ) and its	instructions is at www irs go	ov/form990	Inspection
Name of the organization THE WAUSAU CONSERV	ATORY			Employer identification	
OF MUSIC, INC.	- 11		1.00	39-13910	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to			ed "Yes" to Form §	990, Part IV, line 1	7
1 Indicate whether the organization raised funds through a	ny of the following a	activities Ch	eck all that apply		
a Mail solicitations	e Solicitation	of non-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of governm	ent grants		
c Phone solicitations	g Special fur	ndraising eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in bilf "Yes," list the ten highest paid individuals or entities (further compensated at least \$5,000 by the organization.	connection with pr	rofessional fu	indraising services?	ndraiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (l)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3					
4					
5					
6					
7					
8					
9					

 \blacktriangleright

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing

10

Total

P			nization answered "Yes" to F		
		,000 of fundraising event cor oss receipts greater than \$5,0		on Form 990-EZ, lines	s 1 and 6b List
	events with gre	(a) Event #1	(b) Event #2	(c) Other events	
		TD13 DET 13 110EEE	200	1701-	(d) Total events
		UNA BELLA NOTTE (event type)	ROSE SALE (event type)	NONE (total number)	(add col (a) through col (c))
une		(**************************************	(2000)	(
Revenue	1 Gross receipts	14,473	10,741		25,214
	2 Less Contributions				
	3 Gross income (line 1 minus				
	line 2)	14,473	10,741		25,214
	4 Cash prizes				
	, oddii priess				
	5 Noncash prizes				
S	6 Rent/facility costs	650			650
ense	,				
t Exp	7 Food and beverages	2,915			2,915
Direct Expenses	8 Entertainment	•			,
U		44.5	4 000		F 44.0
	9 Other direct expenses	415	4,998		5,413
	10 Direct expense summary	Add lines 4 through 9 in column (d)		•	8,978 16,236
	11 Net income summary Su	btract line 10 from line 3, column (d)		<u> </u>	
Р		plete if the organization answ	vered "Yes" to Form 990, Pa	irt IV, line 19, or reporte	ed more
	than \$15,000 d	on Form 990-F7 line 6a			
	than \$15,000 c	on Form 990-EZ, line 6a	(b) Pull tabs/instant		(d) Total gaming (add
venue	than \$15,000 c	on Form 990-EZ, line 6a	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Revenue			• •		(d) Total gaming (add
Revenue	than \$15,000 c		• •		(d) Total gaming (add
			• •		(d) Total gaming (add
enses	Gross revenue Cash prizes		• •		(d) Total gaming (add
enses	Gross revenue Cash prizes Noncash prizes		• •		(d) Total gaming (add
	Gross revenue Cash prizes		• •		(d) Total gaming (add
enses	Gross revenue Cash prizes Noncash prizes		• •		(d) Total gaming (add
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	(a) Bingo	bingo/progressive bingo Yes % No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes % No Add lines 2 through 5 in column (d)	bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary	Yes %	bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (d) many Subtract line 7 from line 1, column conducts gaming active	bingo/progressive bingo Yes % No Imn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the last the organization licensed to	Yes % No Add lines 2 through 5 in column (d) mary Subtract line 7 from line 1, column	bingo/progressive bingo Yes % No Imn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the	Yes % No Add lines 2 through 5 in column (d) many Subtract line 7 from line 1, column conducts gaming active	bingo/progressive bingo Yes % No Imn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the last the organization licensed to organization licensed to organization.	Yes % No Add lines 2 through 5 in column (d) mary Subtract line 7 from line 1, column conducts gaming activities in each of conduct gaming activities in each of	bingo/progressive bingo Yes % No Imn (d) vities f these states?	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) Yes No
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the last the organization licensed to if "No," explain a Were any of the organization"	Yes % No Add lines 2 through 5 in column (d) many Subtract line 7 from line 1, column conducts gaming active	bingo/progressive bingo Yes % No Imn (d) vities f these states?	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary Enter the state(s) in which the last the organization licensed to organization licensed to organization.	Yes % No Add lines 2 through 5 in column (d) mary Subtract line 7 from line 1, column conducts gaming activities in each of conduct gaming activities in each of	bingo/progressive bingo Yes % No Imn (d) vities f these states?	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) Yes No

<u>3c</u>	nedule G (Form 990 or 990-EZ) 2014 THE WAUSAU CONSERVATORY	39-1391008	Page 3
11	Does the organization conduct garning 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		
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in		
	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 and		
	records		
	Name ►		
	Address ►		
15	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes No
i	of "Yes," enter the amount of gaming revenue received by the organization > \$	and the	, (
	amount of gaming revenue retained by the third party		
	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 Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Р	Art IV Supplemental Information. Provide the explanations required by Part I, line 2 Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any instructions)	b, columns (III) and (v), and y additional information (se	d ee
_	iliati dellotta)		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Open to Public Inspection

Name of the organization

THE WAUSAU CONSERVATORY OF MUSIC, INC.

Employer identification number 39-1391008

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY EXECUTIVE DIRECTOR AND TREASURER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MONITORED BY BOARD AND EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD DETERMINES COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DISCLOSED IN ACCORDANCE WITH BOARD POLICY.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

FUND RAISING EVENT EXPENSES \$ 12,338

FUND RAISING EVENT EXPENSE \$ -12,338