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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 private foundations)

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

2015 Open to Public Inspection

OMB No 1545-0047

Depa	artment of the Treasunal Revenue Service	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.		Open to Public Inspection
Δ		calendar year, or tax year beginning 07/01/15, and ending 06/30/16		mspection
<u>≏</u> B	Check if applicable	C Name of organization THE WAUSAU CONSERVATORY	D Employe	r identification number
ň	Address change	OF MUSIC, INC.	1 - 7 - 7	
님	·	Doing business as	- 3a-1	391008
닏	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	e number
	Initial return	PO BOX 606	715-	845-6279
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	İ	
$\Box$	Amended return	WAUSAU WI 54402-0606	G Gross rec	eipts \$ 708,121
吕		F Name and address of principal officer	group return for si	ubordinates? Yes X No
	Application pending	MARLIS RLOCK	group return to: Si	
			subordinates inclu	
		112 51105	'No," attach a list (	see instructions)
1	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527		
<u>J</u>	Website: V		exemption number	
	Form of organization		1981	M State of legal domicile WI
_ <u>P</u>	1	ummary		
		escribe the organization's mission or most significant activities		
9	i e	WAUSAU CONSERVATORY OF MUSIC PROVIDES EXCEPTIONAL MUSIC EDU		
ă	t .	FORMANCES THAT ENRICH THE LIVES OF STUDENTS AND THEIR FAMILI	ES, FACU	LTY,
Activities & Governance	1	MEMBERS OF THE COMMUNITY.		
Ó		nis box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net ass	ets	
∞ಶ	l .	of voting members of the governing body (Part VI, line 1a)	3	14
ties	1	of independent voting members of the governing body (Part VI, line 1b)	4	_14
ξį	1	mber of individuals employed in calendar year 2015 (Part V, line 2a)	5	37
Ac	ł.	mber of volunteers (estimate if necessary)	6	90
	[	related business revenue from Part VIII, column (C), line 12	7a	0
	b Net unre	lated business taxable income from Form 990-T, line 34	7b	0
	9 Contribut	tions and grants (Part VIII, line 1h)	19,081	Current Year 147,012
ire	1		74,780	517,061
Revenue		1	-8,516	5,686
Re	1	· · · · · · · · · · · · · · · · · · ·	21,795	23,993
	Į.	to the term of the	07,140	693,752
		nd similar amounts paid (Part IX, colu <u>mn (A), lines 1–3)</u>		000,702
		paid to or for members (Part IX, column (A) PRECEIVED		0
		other compensation, employee benefits Part IX, column (A), lines 5410)	60,330	502,912
ses	16a Professio		30/333	002,522
Expen	h Total fund	onal fundraising fees (Part IX, column (A) line 11e) 1 9 2016		<del>-</del>
Ä		penses (Part IX, column (A), lines 11a–11d <del>, 11f=</del> 24e)	98,966	209,851
			59,296	712,763
	1		52,156	-19,011
o s		Beginning of C	Current Year	End of Year
Assets or Balances	20 Total ass		77,437	1,253,843
A As	21 Total liab		35,291	52,702
OF T			42,146	1,201,141
<b>Ω</b> P	art II Si	gnature Block		
<b>2</b> 0	nder penalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my knowled	ge and belief, it is
2"	ie, correct, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Ö.		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ل	<del></del>
Sig	ın 📗 S	Chas P. Ols on Transport	Date	
He Z	re _			4-16
<b>5</b>		Type or print name and title		
	.   "	pe preparer's name Preparer's signature Date	Check	If PTIN
CPaid	parer Firm's na		05/16 self-emp	
- ·			Firm's EIN	39-1561732
~US6	Only	PO BOX 179 WALEAU WI 54402-0179	1	715_0/5-7300
-	Firm's ad		Phone no	715-845-7306
		s this return with the preparer shown above? (see instructions)		X Yes No
POR	raperwork Redu	uction Act Notice, see the separate instructions.	O(	Form 990 (2015)

Form 990 (2015	THE WAUSAU CONSE	RVATORY	39-1391008	Page <b>2</b>
Part III	Statement of Program Ser Check if Schedule O contain	vice Accomplishments		
1 Briefly de	scribe the organization's mission	, a copondo o mate to an	7 1110 117 1110 1 2111 111	<del></del>
PERFOR		H THE LIVES OF ST	ES EXCEPTIONAL MUSIC TUDENTS AND THEIR FAN	
	rganization undertake any significant	program services during the year	which were not listed on the	
	n 990 or 990-EZ?	program common caming and your		Yes X No
If "Yes," o	describe these new services on Sche	dule O		
3 Did the or services?	rganization cease conducting, or mal	re significant changes in how it cor	nducts, any program	Yes X No
	lescribe these changes on Schedule			
expenses		panizations are required to report the	ee largest program services, as measured ne amount of grants and allocations to oth	-
SINCE	USAU CONSERVATORY 1981. IN 2015 TH	E SCHOOL HAS OVER	f \$ ) (Rever SSIC SCHOOL SERVING C R 900 STUDENTS INVOLV RS, AND OVER 80 PERE	OUR COMMUNITY VED IN
4b (Code	) (Expenses \$	including grants o	f \$ ) (Reven	ue \$
`	,	• •	, ·	,
4c (Code	) (Expenses \$	including grants of	f \$ ) (Reven	ue \$ )
Ad Other pre	gram services (Describe in Schedule	.0)		
(Expense		cluding grants of \$	) (Revenue \$	<b>)</b>
	gram service expenses	612,739		

# Part IV Checklist of Required Schedules

\*

	art IV Checklist of Required Schedules			<del>,</del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		7.5	1
2	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			
4	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)			
5	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,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	ا ۽ ا		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		┝┻
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I	ا ہ ا		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		1-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		-
0	complete Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8_		^
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1 ]		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			-
10	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,	10		-
• •	VII, VIII, IX, or X as applicable			1
а	The state of the s			l
_	complete Schedule D, Part VI	11a	х	Ì
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	ł
ď				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- 1	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				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	<del></del>
	"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	X	
14a	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,		ŀ	ı
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	ł	ı
	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	ł	ł	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
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		<u> </u>
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		<u> </u>
18	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ì	v
	If "Yes," complete Schedule G, Part III	19	i	<u>X</u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 29 If "Yes," complete Schedule 1, 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? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	{		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	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	245		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
<b>L</b>		25a		
þ	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?			v
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		- 1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1	1	77
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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)	1 1	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1 1	}	
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	{ }	1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 1		
	Part I	31		<u> </u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1	J	
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1 1	į	
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1 1	1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	}	1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	l	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	} }	1	
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		T	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
	5. d		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 2  1b 0			l
b				İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
20	Statements, filed for the calendar year ending with or within the year covered by this return  2a 37			
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)	20		$\vdash$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del></del>
4a	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		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
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?	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	İİ		
	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 goods			
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d 7d	7c	-	
		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained 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	ŀ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	<b></b>	Ī	
b	Gross income from other sources (Do not net amounts due or paid to other sources		İ	
	against amounts due or received from them )	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u></u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b></b>		
13	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		j	
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  Enter the amount of reserves on hand  13b  13c	<b></b> {	1	
C	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	х
l4a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u></u>
J	in 100, indo it mode a form the to to port mode partitions in 110, provide all explanation in contend of	1		

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	1 990 (2015) THE WAUSAU CONSERVATORI 39-1391008			Page €
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a "N	10"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instruc	ctions	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   14		163	No
ıa	· · · · · · · · · · · · · · · · · · ·			
	If there are material differences in voting rights among members of the governing body, or		1	
	if the governing body delegated broad authority to an executive committee or similar	ì		1
	committee, explain in Schedule O			l
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14		1	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		1	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del> </del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del>                                     </del>	X
	- · · · · · · · · · · · · · · · · · · ·		<del> </del> -	X
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l
	one or more members of the governing body?	<u>7a</u>	L	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	}
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	"	<del> </del>	<del>                                     </del>
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
<u></u>			L	A
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	T	Г
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
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	<u></u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	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 Schedule O how this was done	12c		
12	Did the organization have a written whistleblower policy?	13		X
13				X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
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 take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<del></del>	<del></del>	1 100		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_	AULA CLARK 404 SEYMOUR STREET			
	<del>/</del>	715-84	5-6	279
				(2015)
DAA		. 511		,_0.0)

Form 990 (20	15) THE WAUSAU CONSERVATORY	39-1391008	Page 7
Part VII	Compensation of Officers, Directors, Trustees, F	Key Employees, Highest Compensated	
	Independent Contractors	•	
	Check if Schedule O contains a response or note to	any line 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	

- 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 (d		o not	Pos	C) sition more	than one		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week	bo	x, unk	ess pe	erson	is both	an	from	related	other
	(list any hours for related organizations below dotted line)	or director		Officer		Highest compensated employee	•	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KEITH MONTGOMERY	4									
	0.50		ļ		l					
DIRECTOR	0.00	X						0	0	0
(2) DARLINE DUNN										
	0.50					1 1				
DIRECTOR	0.00	X	_					0	0	0
(3) LAURIE FRASER		-		1		1 1				
	0.50					} }				
DIRECTOR	0.00	X		_				0	0	0
(4) ROBIN HAEHLKE		İ				1				
	0.50								_	_
DIRECTOR	0.00	X	<u> </u>		<u> </u>			0	0	0
(5) SANDY HEYWOOD										
	0.50						i			
DIRECTOR	0.00	X			-			0	0	0
(6) BENJAMIN PETERSO	0.50									
D T D T C T C T C T C T C T C T C T C T	0.00	x						o	0	0
DIRECTOR (7) AMY RYAN	0.00	1			_			<del>                                     </del>		0
(/)AMI KIAN	0.50	1				1 1				
DIRECTOR	0.00	x						ol	o	0
(8) KERI WULF								† — — <del>`</del>		<u>~</u>
(6/14111 110111	0.50						i		į	
DIRECTOR	0.00	X						o	o	0
(9) TYLER SEEHAFER		1								<u>_</u>
(-, -	0.50	1				}				
DIRECTOR	0.00	X				}		0	0	0
(10) CHRISTOPHER OLSC	N									
•	0.50									
DIRECTOR	0.00	X						0	0	0
(11) PAULA CLARK										
	40.00								ļ	
EXECUTIVE DIRECTOR	0.00	$oxed{oxed}$		X				55,865	0	8,310
DAA										Form 990 (2015)

DAA

39-1391008

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mple	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B)				C)			(D) Reportable	(E) Reportable		(F		
Name and the	Average hours per			check	check more than one compensation compensation from			Estima amou	nt of				
	week (list any					is both ir/trusti		from the	related organizations		oth compen		
	hours for related	유교	lns.	Officer	ξ.	eg	Form	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz		
	organizations below dotted	vidua	itutio	e e	Key employee	nest c	mer				and re		
	line)	Individual trustee or director	nstitutional trustee		loyee	ompe					- g		
		88	stee			Highest compensated employee							
(12) ANDREA SHERII	AN	+-	-	-	┢	-	ļ			<del> </del>	<del> · · ·</del>		
(11) 12(3)(2)1	0.50						İ						
PRESIDENT	0.00	L		X				0	0	1			0
(13) MARLYS KLUCK													
	0.50							_					^
TREASURER (14) REID RAYOME	0.00			X	$\vdash$	<u> </u>		0	0	<del> </del>			0
(14) REID RATORE	0.50												
VICE PRESIDENT	0.00			X				0	o	,			0
(15) EMILU STARCK													
	0.50		İ					_					
SECRETARY	0.00			X	<u> </u>			0	0	<u> </u>			0
				ļ									
			<u> </u>							<del>                                     </del>			
							į						
		<u> </u>								<u> </u>			<del></del>
	}												
	<del> </del>	$\vdash$		-	-					<del> </del>			
		l											
		<u> </u>		l	<u></u>				<del></del>				
1b Sub-total							<b>•</b>	55,865					
c Total from continuation shee	ets to Part VII, S	ectio	on A				•	55,865		-			
d Total (add lines 1b and 1c)  Total number of individuals (inc	cluding but not lin	nited	to th	ose	listed	d abo	ve) v		00.000 of	<u> </u>			
reportable compensation from	the organization	<u> </u>	0									<del></del>	
2 Did the assessment on that any for	-mar officer dure	otor	or tr	uetos	, ka	. om	alove	an ar highest compensated		ĺ	$\overline{}$	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	ndıvı	dual					3		X
4 For any individual listed on line	1a, is the sum o	f rep	ortab	le co	mpe	nsat	on a	and other compensation from	n the				
organization and related organi individual	izations greater t	nan s	150	,000	/ IT "	res,	con	ipiete Schedule J for such			4		x
5 Did any person listed on line 1a	a receive or accru	ue co	mpe	nsat	ion fi	om a	iny u	inrelated organization or ind	ividual		_		<b></b>
for services rendered to the org		s," c	ompl	ete S	Sche	dule	J for	such person			5		X
Section B. Independent Contracto  1 Complete this table for your five		nsate	d inc	depe	nder	nt cor	trac	tors that received more than	n \$100.000 of				——
compensation from the organiz	ation Report cor	nper	satio	on fo	r the	cale	ndar	year ending with or within the	he organization's tax year			(0)	
Name and	(A) business address							Descript	(B) ion of services		_ Co	(C) mpensar	tion
			-								<b> </b>		
	· · · · · · · · · · · · · · · · · · ·							<del></del>					
								<del></del>					
											<u> </u>		
2 Total number of independent c	ontractors (includ	line t	out n	ot lim	nited	to th	ose I	listed above) who	-		<u> </u>		—
received more than \$100,000 c	of compensation	from	the c	orgar	nizati	on 🕨			0				
DAA											For	m 99(	(2015)

Pa	rt V	'III Statement of Reve Check if Schedule (		ns a response or	r note to any line i	n this Part VIII		П
	_		<del></del>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a				<del></del>	5,20,4
ran Dun	b	Membership dues	1b					
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					1
a it	d	Related organizations	1d					
S. III.	е	Government grants (contributions)	1e					
rior S	f	All other contributions, gifts, grants,						}
亞		and similar amounts not included above	1f	147,012				
	g	Noncash contributions included in lines 1a-	f \$					l
Q E	<u>h</u>	Total. Add lines 1a-1f		▶	147,012			
Jue I				Busn. Code				
eve	2a	PROGRAM SERVICE REVE	NUE	ļ <u>-</u>	517,061	517,061		<del> </del>
e R	b			<u> </u>				<b> </b>
Ş	C							ļ
Se	d			<del></del>			<del></del>	
ran	е			<del> </del>				
ē.		All other program service reven	ue	<u> </u>	F17 061			<u> </u>
-	_ 9	Total. Add lines 2a–2f	udondo in	toract	517,061		<del></del>	T
1	3	Investment income (including d and other similar amounts)	videnas, in	. 1	5,686	5,686		4
{		Income from investment of tax-	avamat has	nd proceeds	3,666	3,000		<del> </del>
1	4 5	Royalties	exempt but	id proceeds				<del> </del>
	,	(i) Real		(ii) Personal			<del></del>	
	6a	Gross rents		(1) 0 0 0 1 1 1		I		
	b	Less rental exps						
١	c	Rental inc or (loss)		<del></del>				
[	d	Net rental income or (loss)		<b>•</b>				
ļ	7a	Gross amount from (i) Secunties	T	(ii) Other			<del> </del>	
}		sales of assets other than inventory						
	b	Less cost or other				1		}
1		basis & sales exps						
1	С	Gain or (loss)						
1	d	Net gain or (loss)		<b>&gt;</b>				
اه	8a	Gross income from fundraising even	ts	1				
Other Revenue		(not including \$						
S		of contributions reported on line 1c)				}		
2		See Part IV, line 18	a	34,238				
Ĕ.		Less direct expenses	ь[	14,369		{		
٦,		Net income or (loss) from fundr		its 🕨	19,869			
Ì	9a	Gross income from gaming activities	į.	j	1			
		See Part IV, line 19	a		ļ			
		Less direct expenses	p [		ļ			
1		Net income or (loss) from gamin	ng activities	·			<del></del>	<del></del>
1	10a	Gross sales of inventory, less	j		1			
1		returns and allowances	a		1			
		Less cost of goods sold	b[					
-	<u>c</u>	Net income or (loss) from sales  Miscellaneous Revenue	of inventor	Busn. Code		<del></del>	···	
}	44-		<del></del>	3331. 0000	4,124	4,124		
Ì	11a	OTHER INCOME			-1754	-,124		<del> </del>
Ì	b							
ļ	c d	All other revenue						<del> </del>
	e	Total. Add lines 11a–11d		<b>•</b>	4,124			
_	12	Total revenue. See instructions	3	<u> </u>	693,752	526,871	0	0

Statement of Functional Expenses

Part IX

39-1391008

Page 10

Form 990 (2015)

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 (B) Program service (D) Do not include amounts reported on lines 6b, Total expenses Management and 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) 438,831 366,695 41,676 30,460 7 Other salaries and wages Pension plan accruals and contributions (include 7,916 6,615 752 549 section 401(k) and 403(b) employer contributions) 26,360 22,027 2,503 1,830 Other employee benefits 29,805 24,905 2,831 2,069 10 Payroll taxes Fees for services (non-employees) Management Legal b 7,885 3,943 3,942 Accounting С Lobbying Professional fundraising services See Part IV, line 17 2,904 1,452 1,452 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 29,374 22,827 6,547 13 Office expenses Information technology 14 15 Royalties 39,472 2,077 41,549 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 42,614 40,483 2,131 22 Depreciation, depletion, and amortization Insurance 23 Other expenses Itemize expenses not covered 24 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) 62,426 62,426 SCHOLARSHIPS 15,692 935 MISCELLANEOUS 14,757 h 5,395 TELEPHONE 5,125 270 2,012 2,012 BAD DEBTS All other expenses e 712,763 612,739 65,116 34,908 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and furdraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

39-1391008

Page 11

Part	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
<del>.</del>		Beginning of year		End of year
1	Cash—non-interest bearing	33		60 754
2		47,745	2	60,754
3	Pledges and grants receivable, net	20 700	3_	50.074
4	Accounts receivable, net	39,728	4	52,874
5	Loans and other receivables from current and former officers, directors,	(		
	trustees, key employees, and highest compensated employees		_	
١.	Complete Part II of Schedule L		5	<u> </u>
6	, , ,			
-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			1
į	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
3   _	organizations (see instructions) Complete Part II of Schedule L	<u> </u>	6	<del></del>
7	Notes and loans receivable, net	<del></del>	7	<del></del>
` °	Inventories for sale or use	1 200	8	1 026
9	Prepaid expenses and deferred charges	1,388	9	1,826
10	a Land, buildings, and equipment cost or			
Ι,	other basis Complete Part VI of Schedule D  b Less accumulated depreciation  10a 1,944,158  1,154,860	ومو دمء	40.	700 200
		809,602	10c	789,298
11	Investments—publicly traded securities		11	
12		378,941	12 13	349,091
13	Investments—program-related See Part IV, line 11	376,941	14	349,091
14	3	<del></del>	15	
15	,	1,277,437	16	1,253,843
16		11,340	17	17,192
17		11,340	18	+1,132
19	Grants payable Deferred revenue	23,951	19	35,510
20	Tax-exempt bond liabilities	20/302	20	33,310
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
100				
22	trustees, key employees, highest compensated employees, and		1	
5	disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
24			24	<del></del>
25	man and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco			
	parties, and other liabilities not included on lines 17-24) Complete Part X		]	
ł	of Schedule D		25	
26		35,291	26	52,702
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
3	complete lines 27 through 29, and lines 33 and 34.		i	
27	Unrestricted net assets	1,009,809	27	985,610
28	Temporarily restricted net assets	41,720	28	24,914
29	· •	190,617	29	190,617
3	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
5	complete lines 30 through 34.		}	
30	Capital stock or trust principal, or current funds		30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32			32	
33	Total net assets or fund balances	1,242,146	33	1,201,141
34	Total liabilities and net assets/fund balances	1,277,437	34	1,253,843

Form **990** (2015)

orm	1 990 (2015) THE WAUSAU CONSERVATORY 39-1391008			Pa	age 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	593,	752
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	112,	763
3	Revenue less expenses Subtract line 2 from line 1	3		·19,	011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	42,	146
5	Net unrealized gains (losses) on investments	5_	-	·21,	994
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	201,	141
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<del></del> -	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			}	<b>,</b>
	Schedule O			ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	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				l
	Separate basis Consolidated basis Both consolidated and separate basis		1	Ì	ì
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				}
	separate basis, consolidated basis, or both		}	1	}
	Separate basis Consolidated basis Both consolidated and separate basis		-	1	}
С	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?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			-	l
	Schedule O			'	
За	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	<b> </b>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

### **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.

Reason for Public Charity Status (All organizations must complete this part ) See instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ 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

he	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box )							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)	(A)(i).						
2	X	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 99	0-EZ))							
3		A hospital or	a cooperative hospital servic	e organization described in <b>sect</b> i	on 170(b	)(1)(A)(iii	<b>)</b> .						
4		A medical res	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 organizati	on operated for the benefit of	a college or university owned or	operated	by a gov	ernmental unit described in						
		_	b)(1)(A)(iv). (Complete Part			.,							
6	$\Box$				tion 170	'h)/1\/Δ\/	v)						
7	H		federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> I organization that normally receives a substantial part of its support from a governmental unit or from the general public										
′	Ш	-	·		i a govern	inental u	in or nom the general public						
_			section 170(b)(1)(A)(vi). (Co										
8	H	•		70(b)(1)(A)(vi). (Complete Part II	•								
9				more than 33 1/3% of its suppor			·						
		•	·	ot functions—subject to certain e	•								
		• •	•	d unrelated business taxable inco	•		11 tax) from businesses						
	_	acquired by the	ne organization after June 30	, 1975 See <b>section 509(a)(2)</b> . (	Complete	Part III )							
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		An organization	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to carry out the purposes	of					
		one or more p	publicly supported organization	ons described in section 509(a)(	1) or sect	ion 509(	a)(2). See section 509(a)(3). C	heck					
		the box in line	es 11a through 11d that descr	ribes the type of supporting organ	nization ar	nd comple	ete lines 11e, 11f, and 11g						
а		Type I. A sup	porting organization operated	d, supervised, or controlled by its	supporte	d organız	ation(s), typically by giving						
		the supported	organization(s) the power to	regularly appoint or elect a major	rity of the	directors	or trustees of the supporting						
		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.											
þ				sed or controlled in connection w	ith its sup	ported or	ganization(s), by having						
		• •		rganization vested in the same p		•	• • • •						
			S) You must complete Part	·			g						
С			•	rting organization operated in col	nnection v	with and	functionally integrated with						
·	Ш	• •	• •	ons) You must complete Part I			• •						
			• ,,,	upporting organization operated									
d	L	• •	• =	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •						
				nization generally must satisfy a		•	ment and an attentiveness						
	$\Box$		·	complete Part IV, Sections A a			- 1 To - 10 T						
е	Ш			a written determination from the		•	ет, туретт, туретт						
_		-	• • • • • • • • • • • • • • • • • • • •	tionally integrated supporting org	janization								
f			of supported organizations	and and and and and and and and and and				L					
<u>g</u> _	Pro	vide the follow	ing information about the sup	·	T		r						
(	-	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization or governing	(v) Amount of monetary support (see	(vI) Amount of					
	org	anization		above (see instructions))		ment?	instructions)	other support (see instructions)					
							·	•					
_					Yes	No		<del></del>					
۹)													
3)													
_													
C)		i											
D)								_ <del></del>					
 Ξ)													
•													
_													
		i	1		,								

39-1391008

Page 2

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						_	
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(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							
Sec	tion B. Total Support							,
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(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 VI)							I
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourth	i, or fifth tax year as	a section 501(c)(	3)		
_	organization, check this box and stop here			···				
Sec	tion C. Computation of Public Su	pport Percent	age		·			
14	Public support percentage for 2015 (line 6,	column (f) divided l	by line 11, column (	ົງ)			14	%_
15	Public support percentage from 2014 Sched						15	<u>%</u>
l6a	33 1/3% support test—2015. If the organiz	zation did not check	k the box on line 13	and line 14 is 33 1/	/3% or more, chec	k this		-
	box and stop here. The organization qualifi							▶ []
þ	33 1/3% support test-2014. If the organiz	zation did not check	k a box on line 13 or	16a, and line 15 is	33 1/3% or more,			<del></del>
	check this box and stop here. The organiza							▶ [_]
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fac organization							▶ []
b	10%-facts-and-circumstances test—201					ne		
	15 is 10% or more, and if the organization in							
	Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test	The organization qu	ialifies as a public	ly		, —
	supported organization							▶ 📋
18	Private foundation. If the organization did	not check a box on	ı lıne 13, 16a, 16b, 1	7a, or 17b, check the	his box and see			
	Instructions							

Schedule A (Form 990 or 990-EZ) 2015

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 (a) 2011 (b) 2012 (c) 2013 Calendar year (or fiscal year beginning in) (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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) Total support. (Add lines 9, 10c, 11, 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 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2014 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting (	Organizations
-----------------------------	---------------

Yes No Are all of the organization's supported organizations listed by name in the organization's governing 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 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 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 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 organization made the determination 3b 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 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 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 despite being controlled or supervised by or in connection with its supported organizations 4h 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

Schedule A (Form 990 or 990-EZ) 2015 THE WAUSAU CONSERVATORY		39-1391	L008 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970	See instructions. All	
other Type III non-functionally integrated supporting organizations must complete Se	ctions A through	<u>E</u>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Ì		
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<del></del>	L
7 Check here if the current year is the organization's first as a non-functionally-integral	ated Type III sup	porting organization (see	•

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	ions (continued)	age 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	S		
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		
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 organization	on is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		<del></del>	
3	Excess distributions carryover, if any, to 2015	<u> </u>		
a				
b			<del></del>	 
С				
<u>d</u>	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			<u></u>
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			 <del></del>
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section		1	
	D, line 7 \$		<del></del>	
a	Applied to underdistributions of prior years		<del></del>	·
	Applied to 2015 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	<b> </b>		
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			<del></del>
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013		<del></del>	
	Excess from 2014	<del> </del>		
e	Excess from 2015		<del></del>	<del></del>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

THE WAUSAU CONSERVATORY

39-1391008

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 **2015** Open to Public Inspection

	of the organization		Employer	r identification number
	HE WAUSAU CONSERVATORY			
	F MUSIC, INC.			1391008
Pa	art I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F		count	s.
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
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	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used		_
	only for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.	- 000 B + 114 + - 7		
	Complete if the organization answered "Yes" on F	<del></del>		- <del></del>
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa		area
	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	ition contribution in the form of a conservation	n	\
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	,	2b		
	Number of conservation easements on a certified historic structure includ	, ,	2c	<del> </del>
a	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a	2d	
3	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, exting	quished or terminated by the organization di		ـــــــــــــــــــــــــــــــــــــ
3	tax year	guistied, or terrimitated by the organization di	uning une	5
4	Number of states where property subject to conservation easement is loc.	ated >		
5	Does the organization have a written policy regarding the periodic monitor			
,	violations, and enforcement of the conservation easements it holds?	ing, inspection, namoning or		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi	iolations, and enforcing conservation easem	ents dur	·
•	<b>&gt;</b>			<b>.</b>
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing conservation easements	during ti	he year
	<b>▶</b> \$	•		•
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easement	ts in its revenue and expense statement, and	j	
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that describ	es the	
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art, I		nilar A	Assets.
	Complete if the organization answered "Yes" on F	<del></del>		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	•		
	works of art, historical treasures, or other similar assets held for public ex		e ot	
	public service, provide, in Part XIII, the text of the footnote to its financial s			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re			
	works of art, historical treasures, or other similar assets held for public ext	monion, education, or research in furtherance	e UI	
	public service, provide the following amounts relating to these items			. е
	(i) Revenue included on Form 990, Part VIII, line 1		<b>P</b>	· \$
	(ii) Assets included in Form 990, Part X	har amilar apports for financial asia.	<b>▶</b>	\$
2	If the organization received or held works of art, historical treasures, or other treasures are supply required to be reported under SEAS 115 (ASC 958) reli		IIE	
_	following amounts required to be reported under SFAS 116 (ASC 958) religious productions are producted as Form 999. Rard VIII. line 1	amy to these items		. <b>c</b>
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			· \$ · •
u	A33613 HIGHUGU HTT VIIII 999, 1 911 A			▼

Schedule D (Form 990) 2015 THE WAUS	SAU CONSERVA	ATORY		39-13910	800	Page <b>2</b>
Part III Organizations Maintaini						(continued)
3 Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check any of the follo	wing that are a	a significant use of	ıts	
a Public exhibition	d 🗍	Loan or exchange pro	ograms			
b Scholarly research	e 🗍	Other	•			
c Preservation for future generations						
4 Provide a description of the organization's of	ollections and explain	how they further the or	ganızatıon's e	xempt purpose in f	<sup>2</sup> art	
XIII						
5 During the year, did the organization solicit				nılar		
assets to be sold to raise funds rather than		rt of the organization's	collection?			Yes No
Part IV Escrow and Custodial A	_					
Complete if the organization 990, Part X, line 21.	on answered "Yes	" on Form 990, Pa	art IV, line 9	, or reported a	n amount o	on Form
1a Is the organization an agent, trustee, custoo	ian or other intermedia	ry for contributions or	other assets n	ot		
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part XII	and complete the folio	owing table				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	·
e Distributions during the year					1e	
f Ending balance	form 000 Bod V line 0	14	d. a.l. a. a. a. v. a.k. l. a.	- L. I. 4. 0	1f	<del></del>
<ul><li>2a Did the organization include an amount on F</li><li>b If "Yes," explain the arrangement in Part XIII</li></ul>				•		∐ Yes ∐ No
Part V Endowment Funds.	Check here if the exp	ianation has been pro-	vided on Part	AIII		
Complete if the organization	on answered "Yes'	on Form 990. Pa	rt IV. line 1	0		
	(a) Current year	(b) Pnor year	(c) Two yea		ree years back	(e) Four years back
1a Beginning of year balance			<u> </u>			(1,700.700.000.000.000.000.000.000.000.000
b Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses						
g End of year balance	· · · · · · · · · · · · · · · · · · ·					
2 Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)) he	eld as			
a Board designated or quasi-endowment ▶	%					
b Permanent endowment ► %						
c Temporarily restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2c sho						
3a Are there endowment funds not in the posse	ssion of the organization	on that are held and ac	iministered for	the		( <del>, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</del>
organization by						Yes No
(i) unrelated organizations						3a(i)
<ul><li>(ii) related organizations</li><li>b If "Yes" on line 3a(ii), are the related organization</li></ul>	ations listed as require	d on Schadula P2				3a(ii) 3b
4 Describe in Part XIII the intended uses of the						30
Part VI Land, Buildings, and Equ		ment rando				
Complete if the organization		on Form 990, Pa	rt IV, line 1	1a See Form 9	90. Part X	. line 10.
Description of property	(a) Cost or other b			(c) Accumulated		(d) Book value
	(investment)	(oth		depreciation		
1a Land			10,300			10,300
b Buildings						
c Leasehold improvements						
d Equipment						
e Other			33,858	1,154	, 860	778,998
Fotal. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	, column (B), line 10c )			▶İ	789,298

Schedule D (F	orm 990) 2015 THE WAUSAU CONSERVATOR	RY	39-1391008	Pag
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11b See Form 990, F	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method	of valuation
	(including name of security)		Cost or end-of-y	ear market value
1) Financial	derivatives			
2) Closely-ho	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			<del></del>	
(H)			<del></del>	
• •	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		<del></del>	
Part VIII	Investments—Program Related.		<del></del>	
	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method (	
			Cost or end-of-ye	
(1) HELD	BY ASSOCIATED TRUST	194,225		<del></del>
	BY COMMUNITY FOUNDATION		MARKET	<del></del>
<del>\_</del> /	STMENTS-PROGRAM	61,866	MARKET	
(4)	71111110	02/005		<del></del>
(5)			<del></del>	
	<del></del>			- <del></del>
(6) (7)	<del></del>		<del></del>	<del></del>
(7) (8)			<del></del>	- <del></del>
(8) (9)		<del></del>	<del></del>	
	(h) must orusi Form 000. Bort V. col. (R) line 13.)	349,091		
Part IX	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Other Assets.	343,031	<del></del>	
Partix	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11d Son Form 000 B	art V line 15
	(a) Description	Onn 990, Fait IV, mic	110. See Folili 990, F	(b) Book value
(4)	(a) Description	<del></del>	<del></del>	(b) Book value
(1)		<del></del>		<del></del>
(2)				<del></del>
(3)			<del></del>	<del> </del>
(4)		<del></del>		<del> </del>
(5)			<del></del>	<del> </del>
(6)		·		<del> </del>
(7)				<del> </del>
(8)	<del></del>	<del></del>		<del></del>
(9)		<del></del>	<del></del>	
	(b) must equal Form 990, Part X, col (B) line 15)			<u> </u>
Part X	Other Liabilities.	000 D-+1/4	44 446 0 5	000 D 11
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	The or The See Form	990, Part X,
	line 25			
<u></u>	(a) Description of liability	(b) Book value		
<del> </del>	income taxes			
(2)				
(3)				
(4)				
(5)	4	ł		

	11110 25	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

THE WAUSAU CONSERVATORY 39-1391008 Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) 4b c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments 2¢ c Other losses 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 4a 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Supplemental Information. 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 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 2016 FISCAL
YEAR. THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES. THE
ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, FOR

Part XIII Supplemental Information (continued)

THE YEAR ENDING 2014, 2015, AND 2016 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. WE ARE NOT AWARE OF ANY UNCERTAIN TAX POSITIONS.

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on 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

Department of the Treasury Internal Revenue Service

▶ Information about Schedule E (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

<u>P</u>	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II  THE POLICY IS ON THE REGISTRATION MATERIALS, ON INVOICES AND ON THE ORGANIZATION'S WEBSITE UNDER THE EMPLOYMENT HEADING.	3	x	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
đ	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	4d	X	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		X
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b	]	X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	,	×	

Part II

Schedule E (Form 990 or 990-EZ) 2015 THE WAUSAU CONSERVATORY

39-1391008

Page 2

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

Department of the Treasury

Total

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

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Ins	pe	ctu	on	1	

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Internal Revenue Service THE WAUSAU CONSERVATORY Name of the organization Employer identification number OF MUSIC, INC. 39-1391008 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (HI) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (I) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? coi (i) Yes No 10

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

Page 2

Schedule G (Form 990 or 990-EZ) 2015 THE WAUSAU CONSERVATORY Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with Part II

_		gross receipts g	reater t	han \$5,00	00	`	, 				
				(a) Event #1			(b) Event #2		(c) Other events		
			TINIA	BELLA	NOTITE	ROSE	CALE	МО	NE		(d) Total events (add col. (a) through
Revenue			02122	(event type)	1101111		(event type)	100	(total number)		col (c))
	1	Gross receipts			19,208		11,101	<del> </del>			30,309
	2	Less Contributions									-
	3	Gross income (line 1 minus									
	-	line 2)		<del></del>	19,208	<del></del>	11,101	-	<del></del>		30,309
	4	Cash prizes									
				<del></del>							
	5	Noncash prizes				·					
S	6	Rent/facility costs			600	_		1			600
Direct Expenses											
£ EX	7	Food and beverages		<del></del>	3,634		<del></del>	<del> </del>			3,634
Orrec	8	Entertainment						1			
ب											
	9	Other direct expenses			2,653	<del></del>	6,015	L			8,668
	10	Direct expense summary	Add lines	4 through 9	ın column (d)					•	12,902
		Net income summary Sub								<u> </u>	12,902 17,407
Р	art	than \$15,000 o				ered "Ye	s" on Form 990, Pa	art IV,	line 19, or	report	ed more
		17an \$10,000 0	11 1 01111	(a) Bingo	T T	(b)	Pull tabs/instant	Γ	In) Other semine		(d) Total gaming (add
Revenue		ļ		- (a) Bingo		bingi	p/progressive bingo		(c) Other gaming		col (a) through col (c))
Re	1	Gross revenue			}						
	·	Close levelled							<del></del>		<del></del>
es	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Ĕ	Ĭ	Trondadii pilizoo		·					<del></del>		
Direc	4	Rent/facility costs									ļ
	5	Other direct expenses			l		!				
	٦	Caror direct experiesc	Y	es	%	Yes	%	V	'es	%	
	6	Volunteer labor	N	0		No		1	lo		
	7	Direct expense summary	Add lines	2 through 5 i	n column (d)					<b>&gt;</b>	
	ļ .										
	8	Net gaming income summa	ary Subtr	act line 7 fro	m line 1, colun	nn (d)					
9											<del></del>
	Ent	Net gaming income summa ter the state(s) in which the of the organization licensed to of	organizatii	on conducts	gaming activit	ies	37		····		Yes No
а	Ent	ter the state(s) in which the	organizatii	on conducts	gaming activit	ies	5?				Yes No
а	Ent	ter the state(s) in which the o	organizatii	on conducts	gaming activit	ies	5?				Yes No
a b 10a	Ent is the	ter the state(s) in which the one organization licensed to one organization licensed to one organization's	organizati conduct ga	on conducts aming activit	gaming activities in each of	ies these states		?		·	Yes No
a b 10a	Ent is the	ter the state(s) in which the one organization licensed to one one of the organization licensed to one of the organization licensed to one of the organization licensed to one of the organization licensed to one of the organization licensed to one of the organization licensed to one or or or or or or or or or or or or or	organizati conduct ga	on conducts aming activit	gaming activities in each of	ies these states		?			

12 Is the or formed 13 Indicate a The org b An outs 14 Enter the	te organization conduct gaming activities with nonmembers?  rganization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity  to administer charitable gaming?  e the percentage of gaming activity conducted in  ganization's facility	39-139100		Page 3
formed  13 Indicate a The org b An outs  14 Enter the	to administer charitable gaming? e the percentage of gaming activity conducted in			
<ul><li>13 Indicate</li><li>a The org</li><li>b An outs</li><li>14 Enter the</li></ul>	the percentage of gaming activity conducted in		_	
a The org b An outs 14 Enter th			Y	es 🗌 No
b An outs	ranization's facility	1		
14 Enter th		13a	<b>}</b>	%_
	ide facility	13b	L	%_
records	ne name and address of the person who prepares the organization's gaming/special events books and			
Name i				
Addres	s <b>&gt;</b>			
15a Does th	e organization have a contract with a third party from whom the organization receives gaming		□ Y <sub>6</sub>	es No
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 I	•			
Addres	; <b>&gt;</b>			
<b>16</b> Gaming	manager information			
Name I	•			
Gaming	manager compensation ▶ \$			
Descrip	tion of services provided ▶			
Dir	ector/officer Employee Independent contractor			
17 Mandat	ory distributions			
	ganization required under state law to make charitable distributions from the gaming proceeds to			
	e state gaming license?		Ye	s No
	e 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 ▶ \$	<del></del>		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b,			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	dditional information	(see	
	instructions).			

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

OF MUSIC, INC.

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.