

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WISCONSIN HOUSING PRESERVATION CORP

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2 E MIFFLIN STREET NO 801

City or town, state or province, country, and ZIP or foreign postal code
MADISON, WI 537034270

D Employer identification number
30-0002040

E Telephone number
(608) 663-6390

G Gross receipts \$ 49,156,315

F Name and address of principal officer
MARY WRIGHT
2 E MIFFLIN STREET 801
MADISON, WI 537034270

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.WHPCCORP.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2001 **M** State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PRESERVE, PROVIDE, AND PROTECT AFFORDABLE HOUSING FOR THE LOW AND MODERATE INCOME CITIZENS IN WISCONSIN

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	18,638,430	20,948,776
9 Program service revenue (Part VIII, line 2g)	18,312,100	21,047,866
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,563,920	2,542,020
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,514,450	44,538,662
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	216,139	309,339
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,924,293	41,553,616
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,140,432	41,862,955
19 Revenue less expenses Subtract line 18 from line 12	1,374,018	2,675,707

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	283,652,110	342,085,223
21 Total liabilities (Part X, line 26)	171,563,745	226,623,957
22 Net assets or fund balances Subtract line 21 from line 20	112,088,365	115,461,266

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: ***** Date: 2018-07-03
MARY WRIGHT PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: KIRSTEN HOUGHTON
Preparer's signature: KIRSTEN HOUGHTON
Date: _____
Check if self-employed PTIN: P01273230
Firm's name: SVA CERTIFIED PUBLIC ACCTS SC Firm's EIN: 39-1203191
Firm's address: 1221 JOHN Q HAMMONS DRIVE Phone no: (608) 831-8181
MADISON, WI 53717

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

WHPC ACQUIRES, PRESERVES AND DEVELOPS LOW-INCOME AND AFFORDABLE HOUSING IN WISCONSIN THE MAJORITY OF THE HOUSING IS SUBSIDIZED THROUGH THE U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, U S D A RURAL DEVELOPMENT, FEDERAL AND STATE GRANTS, AND OTHER HOUSING PROGRAMS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 41,025,028 including grants of \$) (Revenue \$ 21,047,866)
See Additional Data

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

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

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

4e Total program service expenses ▶ 41,025,028

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

Part 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 [X]

Table with columns for question ID, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (8); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (No); 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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 (DANIEL J O'CONNELL 2 E MIFFLIN STREET 801 MADISON, WI 537034270 (608) 663-6390)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN F WENZEL VICE PRESIDENT	5 00 0 30	X		X				6,000	0	0
(2) JOHN PETERSEN III DIRECTOR/PAST TREASURER	1 00 0 30	X		X				4,500	0	0
(3) ERBERT JOHNSON TREASURER	3 00 0 30	X		X				7,000	0	0
(4) JAMES P CARTER DIRECTOR	2 00 0 20	X						4,500	0	0
(5) DAVID KRUGER CHAIRMAN/PAST VICE PRESIDENT	6 00 0 30	X		X				13,500	0	0
(6) JAMES J HOLT PAST CHAIRMAN/PAST SECRETARY	0 50 0 00	X		X				3,000	0	0
(7) DAVID STRELITZ DIRECTOR	2 00 0 20	X						4,500	0	0
(8) RICHARD A HANSEN SECRETARY	3 00 0 30	X		X				6,750	0	0
(9) PAUL SENTY DIRECTOR	2 00 0 20	X						4,500	0	0
(10) MARY WRIGHT PRESIDENT	37 50 0 10			X				240,155	0	16,184

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Includes sub-totals and totals for lines 1b, 1c, and 1d.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c) with numerical values.

Section 2: Total number of individuals receiving more than \$100,000. Includes questions 3, 4, and 5 regarding compensation reporting and related organizations, with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like ASTAR CAPITAL MANAGEMENT INC, CARDINAL CAPITAL MANAGEMENT INC, etc.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,927,649				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,127				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		20,948,776				
Program Service Revenue		Business Code					
	2a TENANT RENT	900099	18,491,821	18,491,821			
	b OTHER TENANT SERVICES	900099	1,685,986	1,685,986			
	c DEVELOPMENT FEE INCOME	900099	870,059	870,059			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		21,047,866					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,176,902			2,176,902	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		365,118			365,118
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			44,538,662	21,047,866	0	2,542,020	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	309,339		309,339	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	214,605	152,898	61,707	
c Accounting	818,438	763,074	55,364	
d Lobbying	48,000		48,000	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	40,056	40,056		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	67,690		67,690	
12 Advertising and promotion	194,073	171,534	22,539	
13 Office expenses	625,989	598,643	27,346	
14 Information technology				
15 Royalties				
16 Occupancy	18,139,476	18,139,476		
17 Travel	3,652		3,652	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,668	25,668		
20 Interest	1,613,065	1,613,065		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,879,361	6,879,361		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSET MANAGEMENT FEES	4,769,749	4,769,749		
b GENERAL & ADMINISTRATIVE	4,165,920	3,923,630	242,290	
c PROPERTY MANAGEMENT FEE	2,434,780	2,434,780		
d MISC FINANCIAL EXPENSE	908,210	908,210		
e All other expenses	604,884	604,884		
25 Total functional expenses. Add lines 1 through 24e	41,862,955	41,025,028	837,927	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	19,155,779	1	22,522,197
	2 Savings and temporary cash investments	5,125,366	2	230,998
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,070,627	4	1,696,939
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	40,719,464	7	39,566,042
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	913,391	9	910,465
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 284,023,068		
	b Less accumulated depreciation	10b 52,023,591	178,449,905	10c 231,999,477
	11 Investments—publicly traded securities	13,234,227	11	13,437,562
	12 Investments—other securities See Part IV, line 11	263,946	12	292,120
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	2,273,655	14	2,945,868
	15 Other assets See Part IV, line 11	22,445,750	15	28,483,555
16 Total assets. Add lines 1 through 15 (must equal line 34)	283,652,110	16	342,085,223	
Liabilities	17 Accounts payable and accrued expenses	3,301,062	17	3,867,209
	18 Grants payable		18	
	19 Deferred revenue	330,040	19	459,999
	20 Tax-exempt bond liabilities	3,850,000	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	160,992,612	23	219,632,549
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,090,031	25	2,664,200
	26 Total liabilities. Add lines 17 through 25	171,563,745	26	226,623,957
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	112,088,365	27	115,461,266
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	112,088,365	33	115,461,266
	34 Total liabilities and net assets/fund balances	283,652,110	34	342,085,223

Part 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	44,538,662
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,862,955
3	Revenue less expenses Subtract line 2 from line 1	3	2,675,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,088,365
5	Net unrealized gains (losses) on investments	5	-27,367
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	724,561
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,461,266

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 30-0002040

Name: WISCONSIN HOUSING PRESERVATION CORP

Form 990 (2017)

Form 990, Part III, Line 4a:

WHPC ACQUIRED 880 ADDITIONAL HOUSING UNITS IN 2017, BRINGING THE TOTAL UNITS IN THE WHPC PORTFOLIO TO 8,260 AT DECEMBER 31, 2017, AND THE TOTAL NUMBER OF PROJECTS TO 140, IN WHICH WHPC HAD FULL OWNERSHIP OR A LIMITED INTEREST IN AT DECEMBER 31, 2017, THERE ARE 5,375 UNITS, OR 92 PROJECTS, THAT ARE 100% OWNED BY WHPC THIS FORM 990 SUBMISSION INCLUDES THE OPERATING ACTIVITY OF 88 PROJECTS 4 OTHER PROJECTS WITH 63 UNITS OWNED BY 3 INDIVIDUAL ENTITIES FILE SEPARATE FORMS 990 WHPC HAS AN OWNERSHIP INTEREST AND IS THE MANAGING MEMBER OF ANOTHER 2,822 UNITS, OR 48 PROJECTS, WHICH ARE REPORTED ON SEPARATE TAX RETURNS (CONTINUED ON SCHEDULE O) 83% OF THE PROPERTIES INCLUDED IN THIS SUBMISSION OPERATE WITH SUBSIDIES RECEIVED FROM THE US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT (HUD) OR THE USDA RURAL DEVELOPMENT (RD), AND 97% OF THE PROPERTIES INCLUDED ARE INCOME AND RENT RESTRICTED 18% OF THE PROPERTIES ALSO RECEIVED HUD SERVICE COORDINATOR GRANT FUNDS, WHICH ENABLE THE ELDERLY AND DISABLED PROPERTIES TO HIRE SPECIALIZED STAFF FOR CASE MANAGEMENT AND REFERRAL SERVICES, LINKING THEM TO COMMUNITY AGENCIES, EDUCATING THEM ON AVAILABLE SERVICES AND TENANCY ISSUES, AND OTHER FUNCTIONS TO FACILITATE INDEPENDENT LIVING THE 2017 ECONOMIC OCCUPANCY FOR THE 88 PROJECTS REPORTED IS 95 36% WHPC'S PORTFOLIO OF HUD SECTION 8 PROJECT-BASED SUBSIDIZED PROPERTIES IS CONSISTENT WITH HUD WISCONSIN'S CHARACTERISTICS, HAVING AVERAGE HOUSEHOLD INCOMES OF ABOUT \$13,000, AND AVERAGE RENTS BEING \$300 PER MONTH WHPC'S AVERAGE AGE OF ITS ELDERLY POPULATION IS ABOUT 80, AND ABOUT 50 FOR DISABLED ADULTS

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
WISCONSIN HOUSING PRESERVATION CORP

Employer identification number

30-0002040

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,560,676	19,747,910	18,547,127	18,638,430	20,948,776	98,442,919
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,864,728	16,729,596	17,579,320	18,312,100	21,047,866	89,533,610
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	36,425,404	36,477,506	36,126,447	36,950,530	41,996,642	187,976,529
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					139,971	139,971
c Add lines 7a and 7b					139,971	139,971
8 Public support. (Subtract line 7c from line 6.)						187,836,558

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	36,425,404	36,477,506	36,126,447	36,950,530	41,996,642	187,976,529
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,635,232	1,762,884	2,142,487	2,201,978	2,178,728	9,921,309
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,635,232	1,762,884	2,142,487	2,201,978	2,178,728	9,921,309
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,060,636	38,240,390	38,268,934	39,152,508	44,175,370	197,897,838

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.920 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	95.140 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	5.010 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	4.860 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN 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		
b	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	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		
7	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		
8	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		
9a	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		
b	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		
c	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 .		
	9c		
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 line 10b below.		
	10a		
b	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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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 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)	1	
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 factors (explain in detail in Part VI)		
2	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, 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	Recoveries 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported 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 is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **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.)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WISCONSIN HOUSING PRESERVATION CORP	Employer identification number 30-0002040
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes **No**

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		48,000
j Total Add lines 1c through 1i			48,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE ORGANIZATION DURING ITS LATEST FISCAL YEAR RETAINED LOBBYISTS TO MONITOR LEGISLATIVE AND EXECUTIVE/ADMINISTRATIVE BRANCH ACTIVITIES DURING THE WISCONSIN LEGISLATIVE PERIOD DURING THE YEAR, THE LOBBYISTS REPORT TO THE ORGANIZATION ANY LEGISLATIVE BILLS OR AGENCY ACTIONS THAT POTENTIALLY IMPACT OR ARE RELATED TO THE ORGANIZATION'S OPERATIONS OR CHARITABLE PURPOSE DURING THE 2017 SPRING AND FALL WISCONSIN LEGISLATIVE SESSIONS, THE ORGANIZATION DID NOT DIRECTLY, OR THROUGH LOBBYISTS, ENGAGE IN PROPOSING, SUPPORTING, OR OPPOSING ANY SPECIFIC LEGISLATION OR ADMINISTRATIVE RULES

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
2017
Open to Public Inspection

Name of the organization
WISCONSIN HOUSING PRESERVATION CORP

Employer identification number
30-0002040

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

	(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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,662,864		31,662,864
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		252,360,204	52,023,591	200,336,613
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				231,999,477

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) TENANTS' SECURITY DEPOSITS	1,764,999
(2) ACQ/DEVELOPMENT IN PROGRESS	1,702,288
(3) ESCROW ACCOUNTS	19,804,198
(4) INTEREST RECEIVABLE	4,212,070
(5) CORPORATE RESTRICTED CASH	1,000,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	28,483,555

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
TENANTS' SECURITY DEPOSITS	1,714,652
INTEREST RATE SWAP	949,548
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,664,200

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	66,217,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-27,367
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	22,576,531
e	Add lines 2a through 2d	2e	22,549,164
3	Subtract line 2e from line 1	3	43,668,503
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	4a	
b	Other (Describe in Part XIII)	4b	870,159
c	Add lines 4a and 4b	4c	870,159
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	44,538,662

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	65,840,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	23,977,050
e	Add lines 2a through 2d	2e	23,977,050
3	Subtract line 2e from line 1	3	41,862,955
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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	41,862,955

Part XIII 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 30-0002040

Name: WISCONSIN HOUSING PRESERVATION CORP

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE FROM SUBSIDIARIES THAT FILE SEPARATE TAX RETURNS \$21,851,970 CHANGE IN VALUE OF INTEREST RATE SWAP \$724,561

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCOME FROM INVESTMENTS IN PROPERTIES \$100 DEVELOPMENT FEE INCOME ELIMINATED IN AUDITED FINANCIAL STATEMENTS \$870,059

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM SUBSIDIARIES THAT FILE SEPARATE TAX RETURNS \$23,977,050

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART VI, LINE 1	DETERMINATION OF BREAK-OUT OF ACCUMULATED DEPRECIATION AND DEPRECIATION EXPENSE DUE TO CONSOLIDATED AUDIT SINCE THE FORM 990 IS PREPARED ON A CONSOLIDATED BASIS, MANAGEMENT IS UNABLE TO DETERMINE THE BREAK-OUT OF ACCUMULATED DEPRECIATION AND DEPRECIATION EXPENSE BETWEEN LAND IMPROVEMENTS, BUILDING, AND FURNISHINGS AND FIXTURES THEREFORE, ACCUMULATED DEPRECIATION AND DEPRECIATION EXPENSE ARE SHOWN IN TOTAL IN PART VI, LINE 1E, OTHER, ON SCHEDULE D

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WISCONSIN HOUSING PRESERVATION CORP

Employer identification number
30-0002040

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
WISCONSIN HOUSING PRESERVATION CORP**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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

30-0002040

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE PRESIDENT OF THE ORGANIZATION IS EMPLOYED BY A PROFESSIONAL EMPLOYER ORGANIZATION (PEO), WHICH PROVIDES PAYROLL AND BENEFIT SERVICES TO THE ORGANIZATION THIS COMPANY FILES THE FEDERAL AND STATE EMPLOYMENT TAX RETURNS AND IS LISTED ON THE FORM W-3 TRANSMITTAL OF WAGE AND TAX STATEMENTS AS THE EMPLOYER AS THE ORGANIZATION IS NOT LISTED ON THE FORM W-3, THE RESPONSE TO LINE 2A IN PART V IS "0" HOWEVER, SINCE THE PRESIDENT IS CONSIDERED A COMMON LAW EMPLOYEE OF WHPC, HER COMPENSATION IS REPORTED IN PART VII

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	ORGANIZATION DELEGATES CONTROL OVER MANAGEMENT DUTIES WHPC CONTRACTS WITH ASTAR CAPITAL MANAGEMENT, INC , THE MANAGEMENT COMPANY, TO MANAGE ALL OF THE REAL ESTATE ACTIVITY OF WHPC AND TO OTHERWISE SERVE AS WHPC'S ASSET MANAGER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE COMMITTEES DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY ASTAR CAPITAL MANAGEMENT, INC (THE MANAGEMENT COMPANY), THE BOARD OF DIRECTORS, AND THE PRESIDENT OF WHPC PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY THE PRESIDENT AND CHAIRMAN OF THE BOARD ARE DIRECTLY INVOLVED WITH PROPOSED OR ONGOING TRANSACTIONS AND MONITOR ANY POTENTIAL CONFLICTS OF INTEREST AD DITIONALLY, WHPC BOARD MEMBERS COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM TO IDENTIFY ANY CONFLICTS OF INTEREST ANY BOARD MEMBERS WITH A CONFLICT OF INTEREST IN A PRO POSED TRANSACTION MUST ABSTAIN FROM VOTING ON THE TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	WHPC ENGAGED AN INDEPENDENT, THIRD-PARTY STAFFING AND RECRUITING AGENCY DURING THE PROCESS OF HIRING A PRESIDENT FOR THE ORGANIZATION THE AGENCY PROVIDED ADVICE AND DIRECTION FOR THE HIRING PROCESS, AS WELL AS FOR THE COMPENSATION & BENEFITS PACKAGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DESCRIBE HOW ORGANIZATION MAKES GOVERNING DOCUMENTS AVAILABLE TO PUBLIC GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF INTEREST RATE SWAP 724,561

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
WISCONSIN HOUSING PRESERVATION CORP

Employer identification number

30-0002040

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WHITEWATER MANOR INC 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-2011157	LOW-INCOME HSG	WI	501(C)(3)	LINE 10	WHPC	Yes	
(2) OAKFIELD HOUSING INC 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1877014	LOW-INCOME HSG	WI	501(C)(3)	LINE 10	WHPC	Yes	
(3) SURING NON-PROFIT HOUSING CORPORATION 2 E MIFFLIN STREET 801 MADISON, WI 53703 23-7302131	LOW-INCOME HSG	WI	501(C)(4)		WHPC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WHPC-NIBP PORTFOLIO MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 45-3244435	LOW-INCOME HSG	WI	FILING ORG	RELATED	-864	21,412,926		No		Yes		79 000 %
(2) WHPC-SBP I MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-3894188	LOW-INCOME HSG	WI	FILING ORG	RELATED	-1,005	2,119		No		Yes		79 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) WHPC-HAMPTON REGENCY MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 27-3022588	LOW-INCOME HSG	WI	FILING ORG	C	20,799	117,917	100 000 %	Yes	
(2) WHPC-SCOVILLE CENTER LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-8544081	LOW-INCOME HSG	WI	FILING ORG	C	43,393	33,435	100 000 %	Yes	
(3) WHPC-CITYPLACE I MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-1847785	LOW-INCOME HSG	WI	FILING ORG	C			100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OAKFIELD HOUSING INC	A	611	RECEIPT OF CHECK

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990 SCHEDULE R PART I	ENTITIES DISSOLVED IN 2017 THE FOLLOWING ENTITIES WERE DISSOLVED IN 2017 AND ARE NO LONGER REPORTED IN SCHEDULE R PART 1 1 WHPC-TWO RIVERS LLC 2 WHPC-WASHBURN COUNTY LLC 3 WHPC-GREENWOOD MANOR LLC 4 WHPC-HOWARD WOODS LLC

Additional Data

Software ID:
Software Version:
EIN: 30-0002040
Name: WISCONSIN HOUSING PRESERVATION CORP

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
WHPC-CLEVELAND TERRACE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0144793	LOW-INCOME HSG	WI	222,815	718,034	FILING ORG
WHPC-EDGEWOOD MANOR LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0144796	LOW-INCOME HSG	WI	452,022	1,688,186	FILING ORG
WHPC-KENNEDY HEIGHTS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0144797	LOW-INCOME HSG	WI	1,404,272	6,409,872	FILING ORG
WHPC-MAIN STREET GARDENS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0144792	LOW-INCOME HSG	WI	282,061	850,427	FILING ORG
WHPC-EDGEWATER LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-5834618	LOW-INCOME HSG	WI	346,229	1,704,118	FILING ORG
WHPC-LAKE FOREST II LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-5834691	LOW-INCOME HSG	WI	603,531	2,263,520	FILING ORG
WHPC-GROVE STREET LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	80,446	458,083	FILING ORG
WHPC-RIVER OAKS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1302341	LOW-INCOME HSG	WI	397,950	2,688,626	FILING ORG
WHPC-ROCKWELL COURT LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1302300	LOW-INCOME HSG	WI	526,724	3,031,030	FILING ORG
WHPC-STATEWIDE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-5834554	LOW-INCOME HSG	WI	1,699,095	9,124,173	FILING ORG
WHPC-BLACK CREEK LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354966	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-DODGE COUNTY HORICON LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-2675576	LOW-INCOME HSG	WI	128,810	655,830	FILING ORG
WHPC-DODGE COUNTY MAYVILLE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-2807133	LOW-INCOME HSG	WI	209,853	1,005,114	FILING ORG
WHPC-DODGE COUNTY WAUPUN LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-2809665	LOW-INCOME HSG	WI	302,211	1,735,420	FILING ORG
WHPC-GALESVILLE GREENS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354783	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-GREENVIEW LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354842	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-HARVEST VIEW LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354866	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-JOHNSON CREEK LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1961908	LOW-INCOME HSG	WI	224,188	1,204,553	FILING ORG
WHPC-NORTHERN LIGHTS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354900	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-POPLAR LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354943	LOW-INCOME HSG	WI	0	0	FILING ORG

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
WHPC-SHELL LAKE SHORES LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1355025	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-THOUSAND OAKS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1355043	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-VALLEY VIEW LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354925	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-WILLOWBROOK LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1775147	LOW-INCOME HSG	WI	498,994	2,754,234	FILING ORG
WHPC-MMM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 42-1664322	LOW-INCOME HSG	WI	3,071,937	15,199,774	FILING ORG
WHPC-GPM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-2626693	LOW-INCOME HSG	WI	1,159,475	6,056,892	FILING ORG
WHPC-EAE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-2626756	LOW-INCOME HSG	WI	1,052,747	6,428,472	FILING ORG
WHPC-OAKVIEW MANOR LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 80-0331395	LOW-INCOME HSG	WI	544,088	2,797,635	FILING ORG
WHPC-WAUSAU I LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1799512	LOW-INCOME HSG	WI	644,143	3,358,547	FILING ORG
WHPC-WAUSAU II LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1799492	LOW-INCOME HSG	WI	370,143	1,765,826	FILING ORG
WHPC-UNIVERSITY GARDENS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-5725256	LOW-INCOME HSG	WI	908,807	5,425,467	FILING ORG
WHPC-LINCOLN SCHOOL LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-0211139	LOW-INCOME HSG	WI	414,217	1,363,327	FILING ORG
WHPC-EAST TERRACE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-0725134	LOW-INCOME HSG	WI	1,026,706	6,110,297	FILING ORG
WHPC-NEILLSVILLE I LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2755834	LOW-INCOME HSG	WI	220,201	1,063,970	FILING ORG
WHPC-NEILLSVILLE II LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2755908	LOW-INCOME HSG	WI	199,914	897,894	FILING ORG
WHPC-NEILLSVILLE III LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2755947	MARKET RATE HSG	WI	138,438	652,143	FILING ORG
WHPC-DUNN COUNTY LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-3928392	LOW-INCOME HSG	WI	488,201	1,951,013	FILING ORG
WHPC-ST CROIX COUNTY II LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-3928408	LOW-INCOME HSG	WI	1,072,852	5,887,560	FILING ORG
WHPC-CENTRAL WI WEST LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2896253	LOW-INCOME HSG	WI	148,354	1,460,401	FILING ORG
WHPC-BRODHEAD LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 27-1338397	LOW-INCOME HSG	WI	242,632	815,020	FILING ORG

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
WHPC-SHELTER LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 27-0650527	LOW-INCOME HSG	WI	657,086	7,676,836	FILING ORG
WHPC-CAPITOL CENTRE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 27-2377250	LOW-INCOME HSG	WI	2,676,531	19,152,839	FILING ORG
WHPC-GREAT RIVER LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354996	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-SPRUCE MEADOWS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 20-1354815	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-ST CROIX COUNTY I LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-3928399	LOW-INCOME HSG	WI	311,110	2,354,235	FILING ORG
WHPC-CENTRAL WI EAST LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2896203	LOW-INCOME HSG	WI	179,581	1,829,705	FILING ORG
OWEN-WITHEE PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1674609	LOW-INCOME HSG	WI	102,386	582,506	FILING ORG
GALESVILLE GREENS APTS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1653187	LOW-INCOME HSG	WI	135,934	1,069,394	FILING ORG
PEPIN PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1701872	LOW-INCOME HSG	WI	52,714	299,287	FILING ORG
GREENVIEW APT-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1638365	LOW-INCOME HSG	WI	45,884	388,175	FILING ORG
GOODMAN PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1704231	LOW-INCOME HSG	WI	41,461	388,243	FILING ORG
HAYWARD PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1674603	LOW-INCOME HSG	WI	129,360	938,239	FILING ORG
OWEN PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1712654	LOW-INCOME HSG	WI	63,281	417,742	FILING ORG
SHELL LAKE PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1674611	LOW-INCOME HSG	WI	97,804	622,294	FILING ORG
GREENWOOD PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1700153	LOW-INCOME HSG	WI	47,117	317,817	FILING ORG
THOUSAND OAKS APTS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 39-1638364	LOW-INCOME HSG	WI	230,303	2,067,430	FILING ORG
MCGREGOR PARTNERS-LTD PARTNERSHIP 2 E MIFFLIN STREET 801 MADISON, WI 53703 42-1363796	LOW-INCOME HSG	WI	73,495	454,830	FILING ORG
MCKINLEY HOLDINGS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-2731132	LOW-INCOME HSG	WI	-4	135	FILING ORG
WHPC-GREEN BAY SENIOR APARTMENTS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-3984002	LOW-INCOME HSG	WI	-56	-243	FILING ORG
SHELTER WI PROPERTIES LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 27-0650578	LOW-INCOME HSG	WI	0	0	FILING ORG

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
WHPC-LA CORONA MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 45-2492290	LOW-INCOME HSG	WI	-11	24	FILING ORG
WHPC-WALWORTH MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 26-3984214	LOW-INCOME HSG	WI	3	88	FILING ORG
CONSERVANCY INVESTMENT GROUP LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC-MENOMONEE FALLS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 45-4680004	LOW-INCOME HSG	WI	625,324	4,255,318	FILING ORG
WHPC-RICE LAKE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-1454269	LOW-INCOME HSG	WI	145,021	721,451	FILING ORG
WHPC-PHOENIX-PORTGAGE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-1246721	LOW-INCOME HSG	WI	314,237	1,573,237	FILING ORG
WHPC-GREEN BAY FAMILY MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 45-5383266	LOW-INCOME HSG	WI	-14	25	FILING ORG
WHPC-PARKSIDE - GLENDALE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-1457909	LOW-INCOME HSG	WI	913,731	5,118,667	FILING ORG
WHPC-BREEZEWOOD II LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-3570101	LOW-INCOME HSG	WI	515,568	3,867,362	FILING ORG
WHPC-LINCOLN COURT - MT HOREB LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-4246224	LOW-INCOME HSG	WI	239,424	1,454,747	FILING ORG
WHPC-NORTHWINDS MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 46-3471920	LOW-INCOME HSG	WI	-4	86	FILING ORG
WHPC-CEDAR GROVE-MENOMONIE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1128671	LOW-INCOME HSG	WI	413,421	2,463,612	FILING ORG
WHPC-HIDDEN GLEN-HOLMEN 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1115774	LOW-INCOME HSG	WI	286,222	2,071,961	FILING ORG
WHPC-SONGBIRD-CHIPPEWA FALLS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1139383	LOW-INCOME HSG	WI	159,650	1,097,159	FILING ORG
WHPC-MEADOW GROVE-MADISON LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1096507	LOW-INCOME HSG	WI	623,550	4,583,005	FILING ORG
WHPC-TAYLOR RIDGE-COTTAGE GROVE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1103583	LOW-INCOME HSG	WI	669,404	5,169,294	FILING ORG
WHPC-RIVERVIEW-SHEBOYGAN LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-4570837	LOW-INCOME HSG	WI	355,031	1,667,880	FILING ORG
WHPC-LAUREL GARDENS - MARSHFIELD LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-5544175	LOW-INCOME HSG	WI	437,338	1,707,847	FILING ORG
WHPC-GREENWOOD-LADYSMITH MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-1029835	LOW-INCOME HSG	WI	-2	39	FILING ORG
WHPC-EDGEWATER MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-3950623	LOW-INCOME HSG	WI	-4	42	FILING ORG

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WHPC-TENNYSON MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-3711329	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC - JANESVILLE-NEENAH LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-2411332	LOW-INCOME HSG	WI	579,793	3,586,319	FILING ORG
WHPC-MENASHA WOODS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-2431938	LOW-INCOME HSG	WI	397,395	2,519,467	FILING ORG
WHPC-GARDEN VIEW LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-4323405	LOW-INCOME HSG	WI	-15	258,536	FILING ORG
WHPC-WASHBURN COUNTY-HILLTOP MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 47-3964485	LOW-INCOME HSG	WI	-8	88	FILING ORG
WHPC - SUNNY HILL - SUN PRAIRIE LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-2847137	LOW-INCOME HSG	WI	627,870	4,793,434	FILING ORG
WHPC-CL LUND LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-4767682	LOW-INCOME HSG	WI	479,695	5,363,190	FILING ORG
WHPC-REGINA HILLS-SUPERIOR LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 81-4774958	LOW-INCOME HSG	WI	357,089	3,992,021	FILING ORG
WHPC - VILLA WEST-GREEN BAY LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-1062185	LOW-INCOME HSG	WI	405,560	7,506,198	FILING ORG
WHPC- RIVER COVE-STEVENSON POINT MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-1822822	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC - BREWOOD PARK-FRANKLIN LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-2505170	LOW-INCOME HSG	WI	486,148	17,617,977	FILING ORG
WHPC - SHERMAN GLEN-MADISON LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-2511184	LOW-INCOME HSG	WI	276,994	9,404,189	FILING ORG
WHPC - TANGLEWOOD-KENOSHA LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-2811928	LOW-INCOME HSG	WI	28,515	8,137,725	FILING ORG
WHPC - FOREST ACRES-HALES CORNERS LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-2874587	LOW-INCOME HSG	WI	5,783	3,641,045	FILING ORG
WHPC - WESTPORT MEADOWS-PORT WASHINGTON LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-2881060	LOW-INCOME HSG	WI	4,794	2,977,679	FILING ORG
WHPC-DOMINIUM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 13-4306253	LOW-INCOME HSG	WI	4,057,664	21,507,174	FILING ORG
WHPC - JNM MM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 82-1620241	LOW-INCOME HSG	WI	0	0	FILING ORG
WHPC - JNM LLC 2 E MIFFLIN STREET 801 MADISON, WI 53703 37-1859936	LOW-INCOME HSG	WI	0	0	FILING ORG