

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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
150 E GILMAN ST NO 1500

City or town, state or province, country, and ZIP or foreign postal code
MADISON, WI 53703

D Employer identification number
30-0002040

E Telephone number
(608) 807-1788

G Gross receipts \$ 93,975,626

F Name and address of principal officer
MARY WRIGHT
150 E GILMAN ST NO 1500
MADISON, WI 53703

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)	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2019 (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 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,069,522	592,062
9 Program service revenue (Part VIII, line 2g)	46,219,894	45,392,665
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,074,364	13,822,645
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)	54,363,780	59,807,372
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)	321,766	352,844
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,929,761	47,676,217
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,251,527	48,029,061
19 Revenue less expenses Subtract line 18 from line 12	7,112,253	11,778,311
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	339,925,609	341,677,447
21 Total liabilities (Part X, line 26)	217,134,594	206,740,129
22 Net assets or fund balances Subtract line 21 from line 20	122,791,015	134,937,318

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: 2020-06-30
MARY WRIGHT PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: 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

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 \$ 46,787,599 including grants of \$) (Revenue \$ 45,392,665)
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 ▶ 46,787,599

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
4b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. If "Yes," see instructions and file Form 4720, Schedule N 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O

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



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; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

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	592,062		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$	1g			
	h Total. Add lines 1a-1f		592,062		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a TENANT RENT		531110	43,432,887	43,432,887		
b DEVELOPMENT FEE INCOME		531390	1,133,086	1,133,086		
c OTHER TENANT SERVICES		531110	826,692	826,692		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			45,392,665			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,795,026			2,795,026	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less rental expenses	6b				
			c Rental income or (loss)	6c				
			d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less cost or other basis and sales expenses	7b	16,480,292	28,715,581		
			c Gain or (loss)	7c	16,485,383	17,682,871		
			d Net gain or (loss)		-5,091	11,032,710	11,027,619	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a						
			b Less direct expenses	8b				
			c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	9a						
			b Less direct expenses	9b				
			c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a						
			b Less cost of goods sold	10b				
			c Net income or (loss) from sales of inventory					
11a Miscellaneous Revenue		Business Code						
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				59,807,372	45,392,665	0	13,822,645	

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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	352,844		352,844	
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	197,963	143,217	54,746	
c Accounting	952,496	888,227	64,269	
d Lobbying	48,000		48,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	41,891	41,891		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	191,595		191,595	
12 Advertising and promotion	188,445	155,533	32,912	
13 Office expenses	729,774	684,428	45,346	
14 Information technology				
15 Royalties				
16 Occupancy	21,882,263	21,882,263		
17 Travel	13,589		13,589	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,202	112,202		
20 Interest	2,430,450	2,430,450		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,283,540	7,283,540		
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	5,545,847	5,545,847		
b GENERAL & ADMINISTRATIVE	4,705,020	4,266,859	438,161	
c PROPERTY MANAGEMENT FEE	2,678,907	2,678,907		
d TAXES & INSURANCE	338,009	338,009		
e All other expenses	336,226	336,226		
25 Total functional expenses. Add lines 1 through 24e	48,029,061	46,787,599	1,241,462	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	27,048,621	1	32,107,261
	2 Savings and temporary cash investments	231,881	2	236,028
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,142,392	4	2,247,822
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	40,129,318	7	45,005,249
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	935,352	9	867,320
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 277,682,962		
	b Less accumulated depreciation	10b 61,765,076	225,210,318	10c 215,917,886
	11 Investments—publicly traded securities	12,894,578	11	12,274,155
	12 Investments—other securities—See Part IV, line 11	46,225	12	47,975
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets	2,618,622	14	3,110,281
	15 Other assets—See Part IV, line 11	28,668,302	15	29,863,470
16 Total assets. Add lines 1 through 15 (must equal line 34)	339,925,609	16	341,677,447	
Liabilities	17 Accounts payable and accrued expenses	3,828,299	17	3,687,255
	18 Grants payable		18	
	19 Deferred revenue	374,714	19	340,254
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	210,319,255	23	199,876,463
	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	2,612,326	25	2,836,157
	26 Total liabilities. Add lines 17 through 25	217,134,594	26	206,740,129
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	120,299,295	27	134,258,748
	28 Net assets with donor restrictions	2,491,720	28	678,570
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	122,791,015	32	134,937,318	
33 Total liabilities and net assets/fund balances	339,925,609	33	341,677,447	

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	59,807,372
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,029,061
3	Revenue less expenses Subtract line 2 from line 1	3	11,778,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,791,015
5	Net unrealized gains (losses) on investments	5	158,759
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	209,233
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	134,937,318

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 30-0002040

Name: WISCONSIN HOUSING PRESERVATION CORP

Form 990 (2019)

Form 990, Part III, Line 4a:

WHPC ACQUIRED 28 ADDITIONAL HOUSING UNITS IN 2019, BRINGING THE TOTAL UNITS IN THE WHPC PORTFOLIO TO 8,315 AT DECEMBER 31, 2019, AND THE TOTAL NUMBER OF PROJECTS TO 142, IN WHICH WHPC HAD FULL OWNERSHIP OR A LIMITED INTEREST IN AT DECEMBER 31, 2019, THERE ARE 5,060 UNITS, OR 87 PROJECTS, THAT ARE 100% OWNED BY WHPC THIS FORM 990 SUBMISSION INCLUDES THE OPERATING ACTIVITY OF 88 PROJECTS, 5 OF THESE PROJECTS WITH 329 UNITS WERE SOLD TO LOW INCOME HOUSING TAX CREDIT INVESTORS PRIOR TO THE END OF THE YEAR WHPC CONTINUES TO HAVE A LIMITED INTEREST IN THE SOLD PROJECTS 4 OTHER PROJECTS WITH 63 UNITS OWNED BY 3 INDIVIDUAL ENTITIES FILE SEPARATE FORMS 990 (CONTINUED ON SCHEDULE O)WHPC HAS AN OWNERSHIP INTEREST AND IS THE MANAGING MEMBER OF ANOTHER 3,255 UNITS (INCLUDING THE 5 SOLD PROJECTS MENTIONED ABOVE), OR 55 PROJECTS, WHICH ARE REPORTED ON SEPARATE TAX RETURNS 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 95% OF THE PROPERTIES 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 2019 OCCUPANCY RATE FOR THE 88 PROJECTS REPORTED IS 96% WHPC'S PORTFOLIO OF HUD SECTION 8 PROJECT-BASED SUBSIDIZED PROPERTIES IS CONSISTENT WITH HUD WISCONSIN'S CHARACTERISTICS, HAVING AVERAGE HOUSEHOLD INCOMES OF ABOUT \$13,400 AND AVERAGE RENTS BEING \$306 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 **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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2018 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,091,258	726,853	642,779	4,069,522	592,062	7,122,474
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	35,035,189	36,223,677	41,353,863	46,219,894	45,392,665	204,225,288
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	36,126,447	36,950,530	41,996,642	50,289,416	45,984,727	211,347,762
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.)						211,207,791

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	36,126,447	36,950,530	41,996,642	50,289,416	45,984,727	211,347,762
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,142,487	2,201,978	2,178,728	2,375,320	2,793,276	11,691,789
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,142,487	2,201,978	2,178,728	2,375,320	2,793,276	11,691,789
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.)	38,268,934	39,152,508	44,175,370	52,664,736	48,778,003	223,039,551

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 2019 (line 8, column (f) divided by line 13, column (f))	15	94.700 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	94.920 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	5.240 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	5.020 %

19a 33 1/3% support tests—2019. 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—2018. 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>		
		11a	
		11b	
		11c	

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>		
		1	
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>		
		2	

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>		
		1	

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?		
		1	
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>		
		2	
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>		
		3	

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>	Yes	No
		2a	
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>		
		2b	
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>		
		3a	
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>		
		3b	

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, 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 2019 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 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 30-0002040

Name: WISCONSIN HOUSING PRESERVATION CORP

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

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-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 2019 SPRING AND FALL 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)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

▶ 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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? Yes 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? Yes 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 7/25/06, 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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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		31,567,181		31,567,181
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		246,115,781	61,765,076	184,350,705
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				215,917,886

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	1,777,862
(2) ACQ/DEVELOPMENT IN PROGRESS	62,843
(3) ESCROW ACCOUNTS	22,056,718
(4) INTEREST RECEIVABLE	4,966,047
(5) CORPORATE RESTRICTED CASH	1,000,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	29,863,470

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,836,157

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	73,739,207
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	158,759
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	25,583,311
e	Add lines 2a through 2d	2e	25,742,070
3	Subtract line 2e from line 1	3	47,997,137
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	11,810,235
c	Add lines 4a and 4b	4c	11,810,235
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	59,807,372

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	78,351,394
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	30,498,770
e	Add lines 2a through 2d	2e	30,498,770
3	Subtract line 2e from line 1	3	47,852,624
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	176,437
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	176,437
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	48,029,061

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 \$26,016,929 CHANGE IN VALUE OF I INTEREST RATE SWAP -\$257,181 INVESTMENT FEES -\$176,437

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DEVELOPMENT FEE INCOME ELIMINATED IN AUDITED FINANCIAL STATEMENTS \$1,133,086 GAIN ON SALE OF ASSETS ELIMINATED IN AUDITED FINANCIAL STMTS \$10,676,749 INCOME FROM INVESTMENTS IN PR OPERTIES \$400

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM SUBSIDIARIES THAT FILE SEPARATE TAX RETURNS \$30,498,770

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

OMB No 1545-0047

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2019

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)									
b If any of the boxes on 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	1b									
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 on Line 1a?	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 checked="" 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 checked="" 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 checked="" 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									
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										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
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										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No								
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										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No								
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	7	No								
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	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

WISCONSIN HOUSING PRESERVATION CORP

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 -257,181 TRANSFER OF OWNERSHIP FOR IW EAST AND IW WEST 466,414

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 150 E GILMAN ST 1500 MADISON, WI 53703 39-2011157	LOW-INCOME HSG	WI	501(C)(3)	LINE 10	WHPC	Yes	
(2) OAKFIELD HOUSING INC 150 E GILMAN ST 1500 MADISON, WI 53703 39-1877014	LOW-INCOME HSG	WI	501(C)(3)	LINE 10	WHPC	Yes	
(3) SURING NON-PROFIT HOUSING CORPORATION 150 E GILMAN ST 1500 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 150 E GILMAN ST 1500 MADISON, WI 53703 45-3244435	LOW-INCOME HSG	WI	FILING ORG	RELATED	-29	20,926,096		No		Yes		79 000 %
(2) WHPC-SBP I MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-3894188	LOW-INCOME HSG	WI	FILING ORG	RELATED	-45	2,531		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 150 E GILMAN ST 1500 MADISON, WI 53703 27-3022588	LOW-INCOME HSG	WI	FILING ORG	C	34,760	107,737	100 000 %	Yes	
(2) WHPC-SCOVILLE CENTER LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-8544081	LOW-INCOME HSG	WI	FILING ORG	C	52,801	40,449	100 000 %	Yes	
(3) WHPC-CITYPLACE I MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-1847785	LOW-INCOME HSG	WI	FILING ORG	C	10,200	10,211	100 000 %	Yes	
(4) WHPC-NORTHWESTERN BOND POOL MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-0862292	LOW-INCOME HSG	WI	FILING ORG	C		115	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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	57	RECEIPT OF CHECK

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 2019 THE FOLLOWING ENTITIES WERE DISSOLVED IN 2019 AND ARE NO LONGER REPORTED IN SCHEDULE R PART I 1 WHPC-JANESVILLE-NEENAH, LLC 2 WHPC-MENASHA WOODS, LLC

Schedule Form 2020

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
(1) WHPC-CLEVELAND TERRACE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0144793	LOW-INCOME HSG	WI	245,370	709,018	FILING ORG
(1) WHPC-EDGEWOOD MANOR LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0144796	LOW-INCOME HSG	WI	469,159	1,715,747	FILING ORG
(2) WHPC-KENNEDY HEIGHTS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0144797	LOW-INCOME HSG	WI	1,489,831	6,161,329	FILING ORG
(3) WHPC-MAIN STREET GARDENS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0144792	LOW-INCOME HSG	WI	304,645	845,055	FILING ORG
(4) WHPC-EDGEWATER LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-5834618	LOW-INCOME HSG	WI	353,082	1,577,929	FILING ORG
(5) WHPC-LAKE FOREST II LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-5834691	LOW-INCOME HSG	WI	626,562	2,163,036	FILING ORG
(6) WHPC-GROVE STREET LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	81,187	466,523	FILING ORG
(7) WHPC-RIVER OAKS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1302341	LOW-INCOME HSG	WI	417,013	2,630,651	FILING ORG
(8) WHPC-ROCKWELL COURT LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1302300	LOW-INCOME HSG	WI	550,055	2,858,276	FILING ORG
(9) WHPC-STATEWIDE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-5834554	LOW-INCOME HSG	WI	1,770,691	8,723,238	FILING ORG
(10) WHPC-BLACK CREEK LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354966	LOW-INCOME HSG	WI	0	0	FILING ORG
(11) WHPC-DODGE COUNTY HORICON LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-2675576	LOW-INCOME HSG	WI	135,447	628,863	FILING ORG
(12) WHPC-DODGE COUNTY MAYVILLE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-2807133	LOW-INCOME HSG	WI	231,357	998,713	FILING ORG
(13) WHPC-DODGE COUNTY WAUPUN LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-2809665	LOW-INCOME HSG	WI	370,251	1,718,415	FILING ORG
(14) WHPC-GALESVILLE GREENS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354783	LOW-INCOME HSG	WI	0	0	FILING ORG
(15) WHPC-GREENVIEW LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354842	LOW-INCOME HSG	WI	0	0	FILING ORG
(16) WHPC-HARVEST VIEW LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354866	LOW-INCOME HSG	WI	0	0	FILING ORG
(17) WHPC-JOHNSON CREEK LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1961908	LOW-INCOME HSG	WI	235,775	1,176,288	FILING ORG
(18) WHPC-NORTHERN LIGHTS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354900	LOW-INCOME HSG	WI	0	0	FILING ORG
(19) WHPC-POPLAR LLC 150 E GILMAN ST 1500 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
(21) WHPC-SHELL LAKE SHORES LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1355025	LOW-INCOME HSG	WI	0	0	FILING ORG
(1) WHPC-THOUSAND OAKS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1355043	LOW-INCOME HSG	WI	0	0	FILING ORG
(2) WHPC-VALLEY VIEW LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354925	LOW-INCOME HSG	WI	0	0	FILING ORG
(3) WHPC-WILLOWBROOK LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1775147	LOW-INCOME HSG	WI	541,212	2,591,538	FILING ORG
(4) WHPC-MMM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 42-1664322	LOW-INCOME HSG	WI	3,272,496	16,227,595	FILING ORG
(5) WHPC-GPM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-2626693	LOW-INCOME HSG	WI	1,099,216	2,940,019	FILING ORG
(6) WHPC-EAE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-2626756	LOW-INCOME HSG	WI	607,715	3,668,966	FILING ORG
(7) WHPC-OAKVIEW MANOR LLC 150 E GILMAN ST 1500 MADISON, WI 53703 80-0331395	LOW-INCOME HSG	WI	581,283	2,724,863	FILING ORG
(8) WHPC-WAUSAU I LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1799512	LOW-INCOME HSG	WI	675,892	3,182,231	FILING ORG
(9) WHPC-WAUSAU II LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1799492	LOW-INCOME HSG	WI	390,710	1,973,347	FILING ORG
(10) WHPC-UNIVERSITY GARDENS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-5725256	LOW-INCOME HSG	WI	917,939	5,044,165	FILING ORG
(11) WHPC-LINCOLN SCHOOL LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-0211139	LOW-INCOME HSG	WI	443,221	1,338,005	FILING ORG
(12) WHPC-EAST TERRACE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-0725134	LOW-INCOME HSG	WI	1,279,374	5,939,160	FILING ORG
(13) WHPC-NEILLSVILLE I LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2755834	LOW-INCOME HSG	WI	221,973	977,221	FILING ORG
(14) WHPC-NEILLSVILLE II LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2755908	LOW-INCOME HSG	WI	211,407	876,857	FILING ORG
(15) WHPC-NEILLSVILLE III LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2755947	MARKET RATE HSG	WI	149,002	649,987	FILING ORG
(16) WHPC-DUNN COUNTY LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-3928392	LOW-INCOME HSG	WI	487,131	1,793,894	FILING ORG
(17) WHPC-ST CROIX COUNTY II LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-3928408	LOW-INCOME HSG	WI	1,041,134	5,572,615	FILING ORG
(18) WHPC-CENTRAL WI WEST LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2896253	LOW-INCOME HSG	WI	158,802	1,444,168	FILING ORG
(19) WHPC-BRODHEAD LLC 150 E GILMAN ST 1500 MADISON, WI 53703 27-1338397	LOW-INCOME HSG	WI	253,098	817,390	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
(41) WHPC-SHELTER LLC 150 E GILMAN ST 1500 MADISON, WI 53703 27-0650527	LOW-INCOME HSG	WI	681,778	7,449,834	FILING ORG
(1) WHPC-CAPITOL CENTRE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 27-2377250	LOW-INCOME HSG	WI	2,945,400	18,873,018	FILING ORG
(2) WHPC-GREAT RIVER LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354996	LOW-INCOME HSG	WI	0	0	FILING ORG
(3) WHPC-SPRUCE MEADOWS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-1354815	LOW-INCOME HSG	WI	0	0	FILING ORG
(4) WHPC-ST CROIX COUNTY I LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-3928399	LOW-INCOME HSG	WI	315,612	2,410,079	FILING ORG
(5) WHPC-CENTRAL WI EAST LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2896203	LOW-INCOME HSG	WI	195,368	1,740,477	FILING ORG
(6) OWEN-WITHEE PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1674609	LOW-INCOME HSG	WI	98,085	548,271	FILING ORG
(7) GALESVILLE GREENS APTS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1653187	LOW-INCOME HSG	WI	150,645	1,103,743	FILING ORG
(8) PEPIN PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1701872	LOW-INCOME HSG	WI	49,307	290,344	FILING ORG
(9) GREENVIEW APT-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1638365	LOW-INCOME HSG	WI	50,082	378,407	FILING ORG
(10) GOODMAN PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1704231	LOW-INCOME HSG	WI	51,452	302,137	FILING ORG
(11) HAYWARD PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1674603	LOW-INCOME HSG	WI	126,585	908,278	FILING ORG
(12) OWEN PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1712654	LOW-INCOME HSG	WI	67,611	410,779	FILING ORG
(13) SHELL LAKE PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1674611	LOW-INCOME HSG	WI	101,753	583,779	FILING ORG
(14) GREENWOOD PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1700153	LOW-INCOME HSG	WI	50,876	374,577	FILING ORG
(15) THOUSAND OAKS APTS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 39-1638364	LOW-INCOME HSG	WI	212,184	2,324,072	FILING ORG
(16) MCGREGOR PARTNERS-LTD PARTNERSHIP 150 E GILMAN ST 1500 MADISON, WI 53703 42-1363796	LOW-INCOME HSG	WI	72,093	462,571	FILING ORG
(17) WHPC-MCKINLEY HOLDINGS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-2731132	LOW-INCOME HSG	WI	-10	108	FILING ORG
(18) WHPC-GREEN BAY SENIOR APARTMENTS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-3984002	LOW-INCOME HSG	WI	-25	-310	FILING ORG
(19) SHELTER WI PROPERTIES LLC 150 E GILMAN ST 1500 MADISON, WI 53703 27-0650578	LOW-INCOME HSG	WI	0	0	FILING ORG

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

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(61) WHPC-LA CORONA MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 45-2492290	LOW-INCOME HSG	WI	-106	-97	FILING ORG
(1) WHPC-WALWORTH MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 26-3984214	LOW-INCOME HSG	WI	-2	35	FILING ORG
(2) CONSERVANCY INVESTMENT GROUP LLC 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	0	0	FILING ORG
(3) WHPC-MENOMONEE FALLS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 45-4680004	LOW-INCOME HSG	WI	645,901	4,164,904	FILING ORG
(4) WHPC-RICE LAKE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-1454269	LOW-INCOME HSG	WI	146,113	721,486	FILING ORG
(5) WHPC-PHOENIX-PORTGAGE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-1246721	LOW-INCOME HSG	WI	327,709	1,513,205	FILING ORG
(6) WHPC-GREEN BAY FAMILY MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 45-5383266	LOW-INCOME HSG	WI	-27	-74	FILING ORG
(7) WHPC-PARKSIDE - GLENDALE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-1457909	LOW-INCOME HSG	WI	926,935	4,751,228	FILING ORG
(8) WHPC-BREEZEWOOD II LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-3570101	LOW-INCOME HSG	WI	543,181	3,721,502	FILING ORG
(9) WHPC-LINCOLN COURT - MT HOREB LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-4246224	LOW-INCOME HSG	WI	239,168	1,394,165	FILING ORG
(10) WHPC-NORTHWINDS MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 46-3471920	LOW-INCOME HSG	WI	-5	68	FILING ORG
(11) WHPC-CEDAR GROVE-MENOMONIE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-1128671	LOW-INCOME HSG	WI	415,848	2,383,212	FILING ORG
(12) WHPC-HIDDEN GLEN-HOLMEN 150 E GILMAN ST 1500 MADISON, WI 53703 47-1115774	LOW-INCOME HSG	WI	279,996	1,969,555	FILING ORG
(13) WHPC-SONGBIRD-CHIPPEWA FALLS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-1139383	LOW-INCOME HSG	WI	181,509	1,094,332	FILING ORG
(14) WHPC-MEADOW GROVE-MADISON LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-1096507	LOW-INCOME HSG	WI	506,576	4,675,620	FILING ORG
(15) WHPC-TAYLOR RIDGE-COTTAGE GROVE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-1103583	LOW-INCOME HSG	WI	552,800	5,129,499	FILING ORG
(16) WHPC-RIVERVIEW-SHEBOYGAN LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-4570837	LOW-INCOME HSG	WI	366,674	1,617,920	FILING ORG
(17) WHPC-LAUREL GARDENS - MARSHFIELD LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-5544175	LOW-INCOME HSG	WI	460,336	1,783,375	FILING ORG
(18) WHPC-GREENWOOD-LADYSMITH MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-1029835	LOW-INCOME HSG	WI	-4	21	FILING ORG
(19) WHPC-EDGEWATER MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-3950623	LOW-INCOME HSG	WI	-6	22	FILING ORG

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(81) WHPC-TENNYSON MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 81-3711329	LOW-INCOME HSG	WI	-21	-85	FILING ORG
(1) WHPC-GARDEN VIEW LLC 150 E GILMAN ST 1500 MADISON, WI 53703 81-4323405	LOW-INCOME HSG	WI	153,643	1,553,790	FILING ORG
(2) WHPC-WASHBURN COUNTY-HILLTOP MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 47-3964485	LOW-INCOME HSG	WI	-16	67	FILING ORG
(3) WHPC - SUNNY HILL - SUN PRAIRIE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 81-2847137	LOW-INCOME HSG	WI	639,688	4,812,560	FILING ORG
(4) WHPC-CL LUND LLC 150 E GILMAN ST 1500 MADISON, WI 53703 81-4767682	LOW-INCOME HSG	WI	21,620	0	FILING ORG
(5) WHPC-REGINA HILLS-SUPERIOR LLC 150 E GILMAN ST 1500 MADISON, WI 53703 81-4774958	LOW-INCOME HSG	WI	14,519	0	FILING ORG
(6) WHPC - VILLA WEST-GREEN BAY LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-1062185	LOW-INCOME HSG	WI	1,288,655	7,434,216	FILING ORG
(7) WHPC- RIVER COVE-STEVEN'S POINT MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-1822822	LOW-INCOME HSG	WI	39,307	-21,183	FILING ORG
(8) WHPC - BRENWOOD PARK-FRANKLIN LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-2505170	LOW-INCOME HSG	WI	1,759,538	16,972,400	FILING ORG
(9) WHPC - SHERMAN GLEN-MADISON LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-2511184	LOW-INCOME HSG	WI	1,164,531	9,055,964	FILING ORG
(10) WHPC - TANGLEWOOD-KENOSHA LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-2811928	LOW-INCOME HSG	WI	1,023,261	8,036,966	FILING ORG
(11) WHPC - FOREST ACRES-HALES CORNERS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-2874587	LOW-INCOME HSG	WI	569,536	3,606,346	FILING ORG
(12) WHPC - WESTPORT MEADOWS-PORT WASHINGTON LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-2881060	LOW-INCOME HSG	WI	460,444	3,004,552	FILING ORG
(13) WHPC-DOMINIUM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 13-4306253	LOW-INCOME HSG	WI	4,224,002	21,543,444	FILING ORG
(14) WHPC - JNM MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-1620241	LOW-INCOME HSG	WI	-134	-70	FILING ORG
(15) WHPC-RIVER FALLS TERRACE MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 82-4982588	LOW-INCOME HSG	WI	-62	38	FILING ORG
(16) WHPC-DENEVEU CREEK-FOND DU LAC LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-2445946	LOW-INCOME HSG	WI	177,275	1,057,838	FILING ORG
(17) WHPC-NEW GLARUS MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-2016141	LOW-INCOME HSG	WI	0	0	FILING ORG
(18) WHPC-GRANT COUNTY LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-2336412	LOW-INCOME HSG	WI	205,757	4,319,443	FILING ORG
(19) WHPC-PRICE COUNTY LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-2345759	LOW-INCOME HSG	WI	171,577	3,691,735	FILING ORG

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(101) WHPC-EBHG BOND POOL MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-0939955	LOW-INCOME HSG	WI	0	0	FILING ORG
(1) RHINE HAUSHIGHLAND ESTATES 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	549,161	0	FILING ORG
(2) HIGHLAND ESTATES II 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	107,870	0	FILING ORG
(3) CHATEAU REGENCY 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	634,858	2,387,221	FILING ORG
(4) OAKWOOD TERRACEPORTLAND SQUARE 150 E GILMAN ST 1500 MADISON, WI 53703 30-0002040	LOW-INCOME HSG	WI	948,124	3,426,362	FILING ORG
(5) WHPC-BROOKSTONE-FITCHBURG LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-4294437	LOW-INCOME HSG	WI	295,797	3,266,915	FILING ORG
(6) IW HOLDINGS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 20-3714820	LOW-INCOME HSG	WI	0	1,618,384	FILING ORG
(7) WHPC-RHINELANDER MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 84-1851377	LOW-INCOME HSG	WI	-1	99	FILING ORG
(8) WHPC-NEW GLARUS LLC 150 E GILMAN ST 1500 MADISON, WI 53703 84-1923266	LOW-INCOME HSG	WI	0	936,631	FILING ORG
(9) WHPC-MAIN AND CLEVELAND-MILWAUKEE LLC 150 E GILMAN ST 1500 MADISON, WI 53703 83-3163988	LOW-INCOME HSG	WI	0	0	FILING ORG
(10) WHPC-MAIN AND CLEVELAND-MILWAUKEE MM LLC 150 E GILMAN ST 1500 MADISON, WI 53703 84-2406314	LOW-INCOME HSG	WI	0	0	FILING ORG