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.



AI	or th	e 2017 calendar year, or tax year beginning and end	ling		
Ba	Check if Ipplicab	e: C Name of organization		D Employer identific	cation number
	Addre	WISCONSIN PHILANTHROPY NETWORK, INC.			
	Name			**_*	**6498
	 return		om/suite	E Telephone number	
	Final	15850 W. BLUEMOUND RD. #2	04		317-6000
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	866,322.	
	Amen		H(a) Is this a group re	eturn	
	Applie diam	F Name and address of principal officer: I ON I SIII EDDS	for subordinates	? Yes 🗴 No	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 🗌	527	lf "No," attach a	list. (see instructions)
_		te: VWW.WIPHILANTHROPY.ORG		H(c) Group exemption	-
KF	orm o	forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year o	of formation: 1978 N	State of legal domicile: WI
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PRO	EFFECTIVE		
Activities & Governance		PHILANTHROPY IN WI THROUGH EDUCATION, BEST		-	
	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	of more		
	3	Number of voting members of the governing body (Part VI, line 1a)			13
	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			13
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5
	6	Total number of volunteers (estimate if necessary)			13
		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		801,486.	508,719.
/en	9	Program service revenue (Part VIII, line 2g)		297,625.	357,040.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		538.	563.
	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)		1,099,649.	866,322.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,755.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 329,555.	-
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	324,919. 0.
en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 96,374		0.	0.
Ä		5 1 (() ()() ()(_	580,162.	654,724.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		938,472.	979,643.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,177.	-113,321.
- 2	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		Tatal second (Dart V. Vias 10)	Rei	ginning of Current Year 700,339.	End of Year 600,796.
Asse Bala	20	Total assets (Part X, line 16)		34,177.	47,955.
let ⊭	21	Total liabilities (Part X, line 26)	····	666,162.	552,841.
21	22	Net assets or fund balances. Subtract line 21 from line 20		000,102.	JJ4,041.

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 KEN ROBERTSON, TREASUR Type or print name and title	ER	Date	3
Paid	Print/Type preparer's name BRIAN MECHENICH	Preparer's signature	Date 03/20/1	Check PTIN
Preparer		BENTON LLP	-	n's EIN **-**7409
Use Only	Firm's address 1233 NORTH MAYFA		Pho	ne no.(414) 271-7800
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 2
	t 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:
	TO PROMOTE EFFECTIVE PHILANTHROPY IN WI THROUGH EDUCATION, BEST
	PRACTICES, ENHANCED PARTNERSHIPS & LEADERSHIP
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$ 658,908 • including grants of \$) (Revenue \$ 357,040 •)
	WPN SERVES AS A CONDUIT BETWEEN NONPROFITS SERVING THE COMMUNITY &
	GRANTMAKERS COMMITTED TO MEETING THOSE NEEDS. ITS GOAL IS TO ENSURE
	THAT FUNDERS HAVE THE RESOURCES, LEADERSHIP SKILLS, AND ACCESS TO
	INFORMATION NEEDED TO MAXIMIZE THE IMPACT OF PHILANTHROPIC SUPPORT.
	THIS IS ACCOMPLISHED THROUGH ITS CORE SERVICES: EXEMPLARY PROFESSIONAL
	DEVELOPMENT, CUSTOMIZED RESEARCH, & EXTENSIVE NETWORKING OPPORTUNITIES.
	THESE SERVICES ARE DESIGNED TO PROMOTE EFFECTIVE PHILANTHROPY & STRATEGICALLY DEVELOP COMMUNITY PARTNERSHIPS. COMMITTED TO FORGING
	COMMUNITY COLLABORATIONS, WPN ENGAGES SOCIAL ENTREPRENEURS, IMPACT
	INVESTORS & CONSULTANTS TO SPUR INNOVATION IN THE SECTOR THROUGH ITS
	LEADERSHIP INITIATIVES INCLUDING LEADERSHIP ADVANCED AND THE WISCONSIN
	LEADERSHIP DEVELOPMENT PROJECT.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
14	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 658,908.
	Form 990 (2017)

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Form 990 (2017)

public office? If "Yes," complete Schedule C, Part I	3	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		
during the tax year? If "Yes," complete Schedule C, Part II	4	
Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
Did the organization receive or hold a conservation easement, including easements to preserve open space,		
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		
Schedule D, Part III	8	
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
If "Yes," complete Schedule D, Part IV	9	
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		
as applicable.		
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
Part VI	11a	X
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	11b	
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	11c	
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	11d	
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
Schedule D, Parts XI and XII	12a	x
Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 2.
	106	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-
Did the organization maintain an office, employees, or agents outside of the United States?	14a	
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		
or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		
foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>
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	17	<u> </u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		
1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		
complete Schedule G, Part III	19	

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 4

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

WISCONSIN PHILANTHROPY NETWORK, INC.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

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Yes

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No

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Form 990 (2017)

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Part IV Checklist of Required Schedules

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Part IV Checklist of Required Schedules (continued)

WISCONSIN PHILANTHROPY NETWORK, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	38	Х	

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as Enter the number reported in Box 3 of Form 1096. Enter 0: if not applicable 11 18 18 b Enter the number of Form W206 included in the SL Enter 0: if not applicable 0 0 c Did the organization acomply with backup withholding rules for raportable payments to vendors and reportable gaming (gamillag) winnings to price winnes? 16 X a Enter the number of employees reported on Eron W33, Transmittal of Wage and Tax Statements, iffeld for the calendar year anding with or within the year overade by this return 2a X b If a test on the seported on Ines al, did the organization is all encipted referal employment tax returns? 2a X Note. If the sum of lines 1 and 2.a greater than 250, you may be required to e-file (see instructions) 3a X b If the organization have unrelated business gross income of 51, 1000 or more during the year? 3a X b If the organization have anneated busines gross income of 51, 1000 or more during the year? 3a X b If the organization inta enneation is a separatorial account; bow and financial account? 4a X b If the organization inta H was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5b X b If the organization inta H was or is a party to a prohibited tax shafter transaction at any time during the tax year? 5a X b ID any taxabi		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W-2G inclusted in line 1a. Enter-of-ind applicable into organization comply with backup withholding rules for raportable payments to vendors and reportable gaming gaming winnings to prize winners? into inclusted in the inclusted payments in the reportable gaming gaming winnings to prize winners? into inclusted inclusted payments in the reportable gaming gaming winnings to prize winners? into inclusted inclusted payments? into inclusted inclusted payments in the reportable gaming gaming winning to prize winners? into inclusted payments? into				1 10		Yes	No				
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within strong within the year covered by this return. 2a The Vendors of the vendors of the vendors and reportable gaming (gambling) within strong within the year covered by this return. 2a Strong vendors of the vendors of the vendors of the vendors and reportable gaming (gambling) within the year covered by this return. 2a Strong vendors of the vendors o	1 a		-	18							
(gambling) winnings to prize winners? 10 X 2a Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, 2a 5 b If a teast one is reported on line 2a, did the organization file all required tederal employment tax returns? 2a X b If a teast one is reported on line 2a, did the organization file all required tederal employment tax returns? 2a X b If a teast one is reported on line 2a, did the organization file all required tederal employment tax returns? 3a X b If a teast one is reported on line 2a, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (bw). 5a X b If 'Yes, 'in the bars of bb, did the organization have an interest in, or a signature or other fancial accounts (FBAP). 5a X b Was the organization have annual greaser membration at any time during the tax year? 5a X b Was the organization nature scharbable contributions? 5a X b If 'Yes, 'indic the organization include with every solicitation an express statement that such contributions or gifts were not tax douctibles exharbable contributions? 5a X b If 'Yes, 'indicate the unumber of forms 882? Find during the year? 7a <t< td=""><td>b</td><td></td><td></td><td>0</td><td></td><td></td><td></td></t<>	b			0							
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 5 Tield for the calendar year ending with or within the year covered by this return. 2a 5 If at last one is reported on Inte 2, di the organization file all required ideoral employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X B UT the organization have unrelated business groups income of 81 Job 00 or more during the year? 3a X B IT *es, 'nest filed a Erom 900-T for this year? If 'No,'' to ine 3b, provide an explanation in Schedule O 3b X B IT *es, 'nest filed a prometal variable way: dit the organization have an interest in, or a signature or other authority over, a financial account); 4a X B UT werg and any to a prohibited tax shelar transaction at any time during the tax year? 5a X B UD any taxabite any to a prohibited tax shelar transaction as \$100,000, and did the organization solicit any contributions return any to a prohibited as charlable contributions? 5c X B UT *es, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlable contributions? 7a X B UT the organization include with were y solicita	С										
field for the calendar year-ending with or within the year covered by this return				1	1c	X					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a X D If the organization have unrelated business gross income of 15, 1000 or more during the selar(1). 3a X D If "Yes," has till field a form 900-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X A tary time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a 4a X b If "Yes," tast if field a form 900-T for this year? If "No," to line 3b, provide an explanation if Schedule O 3a X b If "Yes," tast if the d a foreign country (W See instructions for filing requirements for FinDEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X a Use at the organization have enginesita that it was or is a party to a prohibited tax sheler transaction? 5b X b D dary taxabilitation include with wevey solicitation an express statement that such contributions or gifts were not tax deductible contributions and party is a contribution of guaration solicit any contribution of guaration netwice a guaration netwer a guaration netwice a guaratin netwice a guaration a expr	2a			_							
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Dt Hrves, 'has If thed a Form 990-16 truth is year? If Wa,'' to line & provide are explanation in Schedule O 3b 3a 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); such as a bank account, securities account, or other financial account); such as a bank account, such as a bank account, a correl provide are explained in Schedule O 3a X b If "res,''s enter the name of the foreign country: whe as a bank account, a curities account, or other financial accounts (FBAF). Sa X b Was 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 chartable contributions? Sa X b If "res," did 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? Sa X Organization shear Annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and partly to groods and services provided to the payor? Sa X b If "res," did the organization necess of \$75 made partly as a contribution and partly for groods and services provided to the payor? Ta X b If "res," did the organization selecothy the donor of the value of the goods or services pr			L								
ab Dd He organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b X b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country: ▶ X X b If 'Yes, 'ent the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See a Was the organization to a party to a prohibited tax shelter transaction? So X b D dary taxable party notify the organization file Form 8886-7? So X a Does the organization nucl gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions under section 170(c). So X b If 'Yes,' id the organization include with every solicitation an express statement that such contributions or gifts were no tax deductible contributions under section 170(c). So X b If 'Yes,' iddicate the number of Form 58282 filed during the year. Zd <	b				2b	X					
b If 'Yes, ' has it filed a Form 990-T for this year? If 'No, ' to line 3b, provide an explanation in Schedule O 3b a At any time during the calendar year, all the organization have an interest in, or a signature or other authonly over, a financial account)? 4a b If 'Yes, ' enter the name of the foreign country: >> >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			is)								
ia A tary time during the calendar year, idd the organization have an interest in, or a signature or other authority over, a da if nancial account in a foreign country (such as a bank account, securities account, or other infinancial account)? da See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa X b Does the organization and was manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Sa X b If "Yes," relate the organization in the Form B886-17 Sa Sa Sa b If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X f "Yes," did the organization notidy with every solicitation and party for goods and services provided to the party? Ta Ta c Did the organization receive aparty for alphabe device of the goods or services provided? Ta Ta Ta c Did the organization receive a pary funds, directly or indirectly, on a personal benefit contract? Ta							Ă				
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amounts due or received from them.) 11b 11b 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X			11a		-						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand d 13b d 13c	40-			<u> </u>	10-						
3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c d 13d 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			1	? 	12a						
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparization is licensed to issue qualified health plans 13b Image: Comparization is licensed to issue qualified health plans 13b Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparized to maintain by the states in which the organization is licensed to issue qualified health plans 13b Image: Comparized to maintain by the states in which the organization is licensed to issue qualified health plans 13c Image: Comparized to maintain by the states in which the organization receives on hand Image: Comparized to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X			120								
Note. See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Comparization is licensed to issue qualified health plans c Enter the amount of reserves on hand Image: Comparization receive any payments for indoor tanning services during the tax year? Image: Comparization receive any payments for indoor tanning services during the tax year?	13				10-						
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organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	1-										
c Enter the amount of reserves on hand 13c 14a 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a Xa	α		400	1							
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			L	I	14-		X				
						-	11				

Form 990 (2017)

Form 990 (2017) WISCONSIN PHILANTHROPY NETWORK, INC. 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

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Form 990	(2017)
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WISCONSIN PHILANTHROPY NETWORK, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a 15b	27	x
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
-	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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:			
	TONY SHIELDS - 262-317-6002			
	15850 W. BLUEMOUND RD., SUITE 204, BROOKFIELD, WI 53005			

Part VII	Co	mpensation o	of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	ompensated
	์ Em	ployees, and	Independe	ent Contra	ctors			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization is former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d I	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(***2/109910130)		and related
	below	d ual t	Institutional trustee	L_	Key employee	est co oyee	5			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) KAREN WILKEN	1.00									
CHAIR		X		X				0.	0.	0.
(2) ERIN FREDERICK	1.00									
SECRETARY		X		X				0.	0.	0.
(3) STEVE GOLDBERG	1.00									
VICE CHAIR		X		X				0.	0.	0.
(4) KEN ROBERTSON	1.00									
TREASURER		X		X				0.	0.	0.
(5) JULIE BAUER	1.00									
DIRECTOR		X						0.	0.	0.
(6) MARYBETH COTTRILL	1.00									
DIRECTOR		X						0.	0.	0.
(7) CURT DETJEN	1.00									
DIRECTOR		X						0.	0.	0.
(8) LISA HILLER	1.00									
DIRECTOR		X						0.	0.	0.
(9) AMY KERWIN	1.00									
DIRECTOR		X						0.	0.	0.
(10) JASON KOHOUT	1.00									
DIRECTOR		X						0.	0.	0.
(11) KATHRYN LEVERENZ	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JAY SCOTT	1.00									
DIRECTOR		х						0.	0.	0.
(13) PATRICIA CONTRERAS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) TONY SHIELDS	40.00									
PRESIDENT				Х				19,195.	0.	844.
(15) JILL VAN CALSTER	40.00									
PAST PRESIDENT							Х	81,931.	0.	0.

Form 990 (2017)

	<u>990 (2017)</u> WISCONSII	N PHILAN	1.LI	IRC)P3	[]	NE.	rw(ORK, INC.	**_**	*64	98	Page	€
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week officer a						is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	organ	n the ization elated	I
											+			
											+			
											+			
											-			
											+			
1b	Sub-total								101,126.		0.		844	
	Total from continuation sheets to Part VI								0.		0. 0.		844).
	Total (add lines 1b and 1c) Total number of individuals (including but n										J•		044	<u>+</u> •
_	compensation from the organization			note	, a a		e, m							0
											_	Y	es N	lo
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,		'				<i>,</i>	U			3 2	ĸ	
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization		4	Σ	τ
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv				2	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Schedule	901	or st	icn j	pers	son .				<u></u>	5	2	<u>~</u>
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ensati	ion froi	n	
	(A) Name and business			ONE			<u> </u>		(B) Description of s		Con	(C)	ation	
														_
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	a to		se li: 0	stec	a above) who received n	nore than				

Form	n 990 ()	2017) WISCO	NSIN PHI	LANTHROP	Y NETWORK,	INC.	**-***6	5498 Page 9
	rt VII	/						<u>5</u>
		Check if Schedule O conta	ains a response	or note to any lin	e 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
nts nts	1 a	Federated campaigns	1a					
an our	b	Membership dues	1b					
Am O		Fundraising events						
ar ,		Related organizations						
s, C		Government grants (contributi						
rsi		All other contributions, gifts, grant						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abov		508,719.				
d <u>t</u>	g	Noncash contributions included in lines						
aŭ Co		Total. Add lines 1a-1f		▶	508,719.			
				Business Code				
é	2 a	MEMBERSHIP DUES	& ASSE	900099	251,994.	251,994.		
® Zi	b	PROGRAM RELATED	INCOME	900099	53,125.	53,125.		
Se	с	CONFERENCES AND	WORKSH	900099	51,921.	51,921.		
am	d							
Program Service Revenue	е							
Ъ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	357,040.			
	3	Investment income (including						
		other similar amounts)		►	563.			563.
	4	Income from investment of tax	exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
				🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraising						
/eni		including \$						
Re		contributions reported on line	-					
Other Revenue		Part IV, line 18						
đ		Less: direct expenses						
		Net income or (loss) from fund		····· •				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	44 -	Miscellaneous Revenue	8	Business Code				
	11 а b		<u> </u>					
	U							

12 To 732009 11-28-17

С

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

563.

0.

866,322.

357,040.

►

	Check if Schedule O contains a respons			·····	L
	not include amounts reported on lines 6b, 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		•	<u> </u>	
	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,	101 001	60 7 6	10.100	
	trustees, and key employees	101,281.	60,769.	10,128.	30,384
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			106 510	
7	Other salaries and wages	177,531.	35,506.	106,519.	35,506
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		C 000		
9	Other employee benefits	23,752.	6,808.	12,285.	<u>4,659</u> 5,283
0	Payroll taxes	22,355.	7,719.	9,353.	5,283
1	Fees for services (non-employees):	26 274	1 (01	22 642	0 0 4 1
а	Management	36,374.	1,691.	32,642.	2,041
b	Legal	20 607		20 607	
С	Accounting	28,687.		28,687.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	•				
_	column (A) amount, list line 11g expenses on Sch 0.)	1,396.		1,396.	
2	Advertising and promotion	3,640.	2,240.	454.	946
3	Office expenses	2,585.	<u>2,240</u> . 853.	879.	853
4	Information technology	2,000.	000.	079.	000
5	Royalties	28,343.	9,353.	9,637.	9,353
6		4,869.	3,895.	9,037.	974
7	Travel	4,009.	5,095.		574
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	3,899.	3,314.	585.	
9	Conferences, conventions, and meetings	5,055.	5,514.	• נטנ	
0 1	Interest				
1	Payments to affiliates	1,082.	357.	368.	357
2	Depreciation, depletion, and amortization	5,753.	4,890.	575.	288
3 4	Insurance	5,755.	=,090.	• • • •	200
4	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 0.)				
а	PROGRAM EXPENSES	520,228.	520,228.		
b	SUPPLIES	13,266.	1,285.	10,853.	1,128
c	MISCELLANEOUS FUNDRAISI	4,602.	-		4,602
d					· ·
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	979,643.	658,908.	224,361.	96,374
6	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 if following SOP 98-2 (ASC 958-720)				

WISCONSIN	PHILANTHROPY	NETWORK,	INC
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		Check if Schedule O contains a response or not	e to any	Ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			250,083.	1	162,077.
	2	Savings and temporary cash investments			387,301.	2	387,513.
	3	Pledges and grants receivable, net			32,000.	3	32,000.
	4	Accounts receivable, net			22,334.	4	6,462.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		Γ		7	
Ä	8	Inventories for sale or use				8	
	9				5,648.	9	10,852.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	24,655.			
	b	Less: accumulated depreciation	10b	22,763.	2,973.	10c	1,892.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			700,339.	16	600,796.
	17	Accounts payable and accrued expenses			15,077.	17	18,720.
	18	Grants payable				18	
	19	Deferred revenue			19,100.	19	29,235.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iab.		Complete Part II of Schedule L		·····		22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X of			
		Schedule D			21 177	25	47 055
	26	Total liabilities. Add lines 17 through 25			34,177.	26	47,955.
		Organizations that follow SFAS 117 (ASC 958		there ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			277,024.		278,922.
lan	27	Unrestricted net assets		······	389,138.	27	273,919.
Ba	28 Temporarily restricted net assets				J09,1J0.	28	275,919.
pur	29					29	
ц		Organizations that do not follow SFAS 117 (A	50 958	, cneck nere ▶ 🛄			
Net Assets or Fund Balances		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or ec				31 32	
Net	32	Retained earnings, endowment, accumulated in			666,162.	32	552,841.
	33	Total net assets or fund balances			700,339.	<u>33</u> 34	600,796.
	34	Total liabilities and net assets/fund balances	<u></u>		100,009.	34	

Form **990** (2017)

Form 990 (
Part X	Ba	ance	Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 9779, 643. 3 Revenue less expenses. Subtract line 2 from line 1 3 -113, 321. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 6666, 162. 5 6 Donated services and use of facilities 6 7 7 7 7 7 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 552, 841. Part XII Financial Statements and Reporting X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain in Schedule O. 2a Wer the organization s' financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year we	Form	1990 (2017) WISCONSIN PHILANTHROPY NETWORK, INC.	**_**	6498	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 8666, 322. 2 Total expenses (must equal Part IX, column (A), line 25) 2 979, 643. 3 -113, 321. 4 8evenue less expenses. Subtract line 2 from line 1 3 -113, 321. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 666, 162. 5 bet unrealized gains (losses) on investments 6 7 6 Donated services and use of facilities 6 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 552, 841. Yes Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year we	Pai	rt XI Reconciliation of Net Assets				
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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 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 552 , 841. Yes No 10 Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	666	5,1	62.
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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: X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 1		Separate basis Consolidated basis Both consolidated and separate basis				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	С					
		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
On the second of a factorial event the second constraints are second to be sublined as a statistical to the Original Available		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
Act and OMB Circular A-133? 3a X				3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

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.

010115 100: 1545-0047
2017
Open to Public Inspection

Employer identification number **-**6498

Name of t	he organization	Employer identification num
	WISCONSIN PHILANTHROPY NETWORK, INC.	**-**6498
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	S.
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental	unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7	An organization that normally receives a substantial part of its support from a governmental unit or from	the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	f the college or
	university:	

10	Χ	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	d 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.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.

: L	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 J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	g Provide the following information about the supported organization(s).								
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)			
		above (see instructions))	100	110					
Total									

Schedule A (Form 990 or 990-EZ) 2017 WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization'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.							
Se	ction B. Total Support			•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ions)	•	•	12		
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)	(3)	
	organization, check this box and stop						<u></u>	
Se	ction C. Computation of Publ	ic Support Pe	ercentage					
14	Public support percentage for 2017 (I	ine 6, column (f) d	livided by line 11,	column (f))		14		%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15		9
16 a	33 1/3% support test - 2017. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, che	eck this bo	x and
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies							
k	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more	e, check th	nis box
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances tes	t - 2017. If the orc	ganization did not	check a box on lin	ne 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 organiza	ation qualifies as a	publicly supporte	ed organization			►
k	10% -facts-and-circumstances tes	t - 2016. If the orc	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and	line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	heck this box and	d stop here. Explai	n in Part '	VI how the	;
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	ı	►
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see i	nstruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2017 WISCONSIN PHILANTHROPY NETWORK, INC. 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,315,384.	630,301.	884,805.	1,096,111.	865,759.	4,792,360.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	1,315,384.	630,301.	884,805.	1,096,111.	865,759.	4,792,360.
	Amounts included on lines 1, 2, and			-		_	<u> </u>
	3 received from disgualified persons						0.
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						-
	Public support. (Subtract line 7c from line 6.)						4,792,360.
	ction B. Total Support					I	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	1,315,384.	630,301.	884,805.	1,096,111.	865,759.	4,792,360.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	848.	573.	469.	538.	563.	2,991.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	848.	573.	469.	538.	563.	2,991.
	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						
13	assets (Explain in Part VI.)	1,316,232.	630,874.	885,274.	1,096,649.	866,322.	4,795,351.
	First five years. If the Form 990 is for		-	-	, ,	-	, ,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2017 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.94 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	99.92 %
Se	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	ie 13, column (f))		17	.06 %
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	.08 %
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	upported organization	ation	► X
Ľ	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che			•	. ,	•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check th	is box and see ins		

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.*
- **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.
- **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.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, Ioan, 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).*
- 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).*
- **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.**
- **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.**
- **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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990-EZ) 2017 WISCONSIN PHILANTHROPY NETWORK, INC. Part IV Supporting Organizations (continued)

11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)						
u	below, the governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
-	tion 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? 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.	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? 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.	2					
Sec	tion 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)? 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).	1					
Sec	tion 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? If "No," explain in Part VI how	•					
~	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's	2					
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions						
' a	The organization satisfied the Activities Test. Complete line 2 below.	-					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5).				
2	Activities Test. Answer (a) and (b) below.		Yes	No			
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? 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.	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? 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.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.						
а							
	trustees of each of the supported organizations? Provide details in Part VI.	3a					
b							
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b					

Schedule A (Form 990 or 990-EZ) 2017 WISCONSIN PHILANTHROPY NETWORK, INC. **-**6498 Page 6

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.

Sect	tion 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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	tion 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	Check here if the current year is the organization's first as a non-functional	lv integra	ted Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990 EZ) 2017 WISCONSIN PHILANTHROPY NETWORK, INC.

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)							
Secti	on D - Distributions		. ,	Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes								
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร							
4	Amounts paid to acquire exempt-use assets	mounts 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	he organization is responsiv	e							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
_1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
a										
b	From 2013									
c	From 2014									
d	From 2015									
e	From 2016									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2017 distributable amount									
i	Carryover from 2012 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2017 distributable amount									
c	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
а	Excess from 2013									
b	Excess from 2014									
с	Excess from 2015									
-	Excess from 2016									
	Excess from 2017									

Schedule A	(Form 990 or 990-EZ) 2017	WISCONSIN	PHILANTHRO	PY NETWORK,	INC.	**-***6498	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations requir , 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 10; F 1b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Par	Part II, line 17a or Section B, lines 1 t V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Pa	C,
	(See instructions.)						

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **-**6498

Schedule D (Form 990) 2017

	WISCONSIN PHILANTH	ROPY NET	WORK, INC.		**-**6498
Pa	t I Organizations Maintaining Donor Advise	ed Funds or	Other Similar Fun	ds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Don	or 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		assets held in donor ad	vised fun	ds
	are the organization's property, subject to the organization's	exclusive legal	control?		
6	Did the organization inform all grantees, donors, and donor a	advisors in writir	ng that grant funds can	be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor adviso	r, or for any other purpo	se confer	ring
	impermissible private benefit?				Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answ	vered "Yes" on Form 990	D, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all th	at apply).		
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a h	istorically	important land area
	Protection of natural habitat		Preservation of a c	ertified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation	on contribution in the for	m of a co	
	day of the tax year.				Held at the End of the Tax Year
	Total number of conservation easements				2a
b					2b
c	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired				
•	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, extingu	ished, or terminated by	the orgar	nization during the tax
4	year	accordent in lagost	ad N		
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		lations, and enforcing o		
U		, nanoling of vio	ations, and entorcing of	JISCIVALI	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violation	s and enforcing conse	vation ea	sements during the year
•	structure of experiods internet in monitoring, inspecting, mark		io, and onioroning concer	valion ee	action of the search of the se
8	Does each conservation easement reported on line 2(d) above	ve satisfv the re	auirements of section 1	70(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza				
	conservation easements.				
Pai	t III Organizations Maintaining Collections o	of Art, Histor	rical Treasures, or	Other :	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, li	ne 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue sta	tement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, educat	ion, or research in furthe	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these item	S.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to repo	ort in its revenue statem	ent and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or res	earch in furtherance of	public se	rvice, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre			cial gain,	provide
	the following amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				► \$

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		IN PHILANT			-					B Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following the	at are a sig	gnificant u	use of its	collectior	i items
	(check all that apply):									
a	Public exhibition	d			hange progra					
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c							se in Par	t XIII.	
5	During the year, did the organization solicit o				-				7	
De	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on I	Form 990	, Part IV,	line 9, or	
	· · · · · · · · · · · · · · · · · · ·									
та	Is the organization an agent, trustee, custod								7.	 .
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t	Ending balance								Mar	
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>			
Fai								ara baak	(a) Four	vears back
4		(a) Current year	(d) P	rior year	(c) Two yea	IS DACK (a) Thee ye	Ears Dack	(e) Four	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	nd administe	ered for th	e organiz	ation	Б	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Book	value
		basis (investr	nent)	basis ((other)	dep	reciation			
	Land									
	Buildings									
	Leasehold improvements									000
	Equipment				5,405.		$\frac{3,51}{10,25}$		_	.,892.
	Other				9,250.		19,25			0.
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	Uc.)				1	.,892.

Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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, li	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (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, li	ne 11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.		·	•
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.)►		

WISCONSIN PHILANTHROPY NETWORK,

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

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 X

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INC.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

-	edule D (Form 990) 2017 WISCONSIN PHILANTHROPY NE			-***6498 Page4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	866,322.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			866,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		866,322.	
<u> </u>				
Pa	rt XII Reconciliation of Expenses per Audited Financial State			urn.
Pa		nents With Ex		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	nents With Ex ^{a.}	penses per Ret	urn. 979,643.
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Ex ^{a.}	penses per Ret	
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Ex a.	penses per Ret	
1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Ex a. 	penses per Ret	
1 2 a	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	penses per Ret	
1 2 a b	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	penses per Ret	979,643.
1 2 a b c	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	penses per Ret	979,643.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	penses per Ret	979,643.
1 2 b c d e	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	penses per Ret	979,643.
1 2 b c d e 3	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	penses per Ret	979,643.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	penses per Ret	979,643.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	2e	979,643. 0. 979,643. 0.
1 2 d c 3 4 b c 3 5	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3	979,643. 0. 979,643.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE U.S. INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED A
PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION
DOES NOT CONSIDER ANY OF ITS SUPPORT AND REVENUES TO BE UNRELATED BUSINESS
INCOME AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED
IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES IN ACCORDANCE WITH U.S. GAAP. THIS STANDARD PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT

RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE

Schedule D (Form 990) 2017 WISCONSIN PHILANTHROPY NETWORK, INC. **-***6498 Page 5 Part XIII Supplemental Information (continued) TAKEN IN A TAX RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNIZING, INTEREST, PENALTIES AND DISCLOSURES REQUIRED. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS ON DECEMBER 31, 2017.

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2017		/
		Compensated Employees		20		
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio			identificati		mber
_		WISCONSIN PHILANTHROPY NETWORK, INC.	**_;	***649	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as, maid, chauffe	eur, chet)			
L.	If any of the have-	on line to are absolved, did the exemination follows without allow a service and the				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	·	ther organizations Approval by the board or compensation of	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 re					
а	Receive a severand	ce payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 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 compensati	on			
	contingent on the r					
						X
b		ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					37
						X
b		ration?		6b		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				v
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990) 2017

Schedule J (Form 990) 2017

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Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) JILL VAN CALSTER (i)	81,931.	0.	0.	0.	0.	81,931.	0.	
PAST PRESIDENT (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
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(ii)								

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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.

732113 10-17-17

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury 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.

EZ 2017 Open to Public Inspection Employer identification number

-*6498

OMB No 1545-0047

Internal Revenue Service
Name of the organization

WISCONSIN PHILANTHROPY NETWORK, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERSHIPS & LEADERSHIP

FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION HAS MEMBERS WHO PAY ANNUAL MEMBERSHIP FEES

FORM 990, PART VI, SECTION A, LINE 7A:

VOTING MEMBERS ELECT THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11B:

EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FORM 990 AT A BOARD

MEETING FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS ARE REVIEWED REGULARLY BY BOARD AND STAFF IF CIRCUMSTANCES

CHANGE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO PROVIDES THE EXECUTIVE COMMITTEE WITH A SALARY AND BENEFIT REPORT

OF LIKE POSITIONS. THE BOARD CHAIR REVIEWS THE CEO'S PERFORMANCE

EVALUATION AND MAKES A RECOMMENDATION FOR COMPENSATION OF CEO TO THE

EXECUTIVE COMMITTEE FOR APPROVAL. BOARD OF DIRECTORS APPROVES OVERALL

SALARY AND BENEFITS PACKAGE AS STATED IN THE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

Schedule O	(Form 990	or 990-EZ)	(2017)
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Name of the organization

WISCONSIN PHILANTHROPY NETWORK, INC.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES OVERSIGHT RESPONSIBILITY FOR THE ANNUAL

AUDIT AND RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT AUDITOR.