

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	89,527	22	96,291
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	89,527	25	96,291
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,527	27	96,291

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

HOUSING AUTHORITY ASSOCIATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	25,256

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TAMMY KASTEN	0 00	0	0	0
EXEC SECR				
PATRICK DIENGER	0 00	0	0	0
DIRECTOR				
REBECCA KRALEWSKI	0 00	0	0	0
DIRECTOR				
ELYN SCHLOER	0 00	0	0	0
RECORDING SECRETARY				
SARAH BOSS	0 00	0	0	0
PRESIDENT				
ROBYN HALLET	0 00	0	0	0
DIRECTOR				
LOUISE GUDX	0 00	0	0	0
DIRECTOR				
LUKE RADOMSHI	0 00	0	0	0
VICE PRESIDENT				
KEITH JONATHON	0 00	0	0	0
DIRECTOR				
LINDA BARTRAM	0 00	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 SARAH BOSS PRESIDENT Date 2018-09-17

Paid Preparer Use Only Print/Type preparer's name Steve Jahnke CPA Preparer's signature Date 2018-09-19 Check if self-employed PTIN P00338856 Firm's name Business & Tax Systems LLC Firm's EIN 20-1559655 Firm's address 212 N Fourth Street Watertown, WI 53094 Phone no (920) 261-9260

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 39-1291232

Name: WISCONSIN ASSOCIATION OF HOUSING AUTHORITIES INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 SEMI-ANNUAL CONFERENCES MANAGEMENT & MAINTENANCE WORKSHOPS - DISCUSS & RECEIVE UPDATES ON HOUSING AUTHORITY ISSUES (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	25,256

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WISCONSIN ASSOCIATION OF HOUSING AUTHORITIES INC

Employer identification number

39-1291232

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	ACTIVITY WAHA SCHOLARSHIP GRANTEE VARIOUS STREET 201 N WATER STREET CITY, STATE, ZIP WATERTOWN, WI 53094 AMOUNT 3,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT CONFERENCE EXPENSE 13,469 OFFICE EXPENSE 389 TRAVEL 4,532 WEBMASTER 1,440 MANAGEMENT FEE 1,800 OTHER 625

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTROUNDING (1)