

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017****Open to Public Inspection****A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Habitat for Humanity of Wisconsin  
River Area, Inc.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1211 8th Street, P.O. Box 38**

Room/suite

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

**Baraboo****WI 53913****D** Employer identification number**39-2023346****E** Telephone number**608-448-2888****G** Gross receipts \$ **1,329,513****F** Name and address of principal officer:**Barbara Brown  
E2325 Alpine Lane  
LaValle****WI 53941****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **u** **N/A****H(c)** Group exemption number **u** **8545****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation:**M** State of legal domicile: **WI****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:		
	<b>Build/remodel homes sold at favorable terms to qualified low income individuals. Also, to operate two retail restore outlets to sell donated building materials.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>18</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>Revenue</b>	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>270,551</b>	<b>258,157</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>131,126</b>	<b>138,800</b>
<b>Expenses</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>52,135</b>	<b>-27,829</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>843,738</b>	<b>932,483</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>1,297,550</b>	<b>1,301,611</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
<b>Net Assets or Fund Balances</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>584,595</b>	<b>555,472</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>21,199</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>575,770</b>	<b>672,892</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,160,365</b>	<b>1,228,364</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>137,185</b>	<b>73,247</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,277,881</b>	<b>2,338,577</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>481,809</b>	<b>469,258</b>
		<b>1,796,072</b>	<b>1,869,319</b>

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>Barbara Brown</b> Type or print name and title	<b>President</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	<b>Craig A. Corning</b>	<b>05/08/19</b>
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN
	<b>MILLER, BRUSSELL, EBBEN &amp; GLAESKE LLC</b>	<b>P00505422</b>
<b>Paid Preparer Use Only</b>	Firm's address	Phone no.
	<b>611 E WISCONSIN ST PORTAGE, WI 53901</b>	<b>608-742-2103</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2017)