

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

| | | | | |
|---|--|---|--|--|
| <input checked="" type="checkbox"/> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC. | | D Employer identification number 39-2023346 | |
| | Doing business as 1211 8TH STREET, P.O. BOX 38 | | E Telephone number (608) 448-2888 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code BARABOO, WI 53913 | | G Gross receipts \$ 1,255,665. | |
| | F Name and address of principal officer: ROBIN CROW SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions | |
| J Website: WWW.HFHWISCONSINRIVER.ORG | | H(c) Group exemption number | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2001 M State of legal domicile: WI | | |

Part I Summary

| | | | |
|--|--|-------------------|-------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: BUILD/REMODEL HOMES SOLD AT FAVORABLE TERMS TO QUALIFIED LOW-INCOME INDIVIDUALS. ALSO, TO | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 21 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 180 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 382,772. | 517,873. |
| | 9 Program service revenue (Part VIII, line 2g) | 1,012,082. | 682,603. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,670. | 4,986. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,944. | 23,024. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,415,468. | 1,228,486. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| Expenses | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 611,424. | 579,262. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 51,382. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 728,393. | 418,499. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,339,817. | 997,761. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 75,651. | 230,725. |
| | 20 Total assets (Part X, line 16) | 2,304,566. | 2,484,760. |
| 21 Total liabilities (Part X, line 26) | 455,008. | 402,868. | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,849,558. | 2,081,892. | |
| Net Assets or Fund Balances | Beginning of Current Year | End of Year | |

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 | FILED | | Date |
| | Signature of officer | ELECTRONICALLY | |
| ROBIN CROW, PRESIDENT | | | |
| Type or print name and title | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date |
| | PETER VANDER WERFF |  | 11/03/25 |
| | Check if self-employed <input checked="" type="checkbox"/> | PTIN P00055651 | |
| Firm's name | Firm's EIN 39-1742997 | | |
| Firm's address | Phone no. 920-324-9711 | | |
| 111 E. MAIN STREET WAUPUN, WI 53963 | | | |

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION