

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

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

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) Room/suite

1211 8TH STREET, P.O. BOX 38

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

BARABOO, WI 53913

F Name and address of principal officer: ROBIN CROW

SAME AS C ABOVE

D Employer identification number

39-2023346

E Telephone number

(608) 448-2888

G Gross receipts \$

1,255,665.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HFWISCONSINRIVER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
		14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 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.	
Net Assets or Fund Balances	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.	

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 ELECTRONICALLY	Date
	ROBIN CROW, PRESIDENT	
Paid Preparer Use Only	Preparer's name PETER VANDER WERFF	Preparer's signature
	Firm's name O'CONNOR, WELLS & VANDER WERFF, LLC	Firm's EIN 39-1742997
	Firm's address 111 E. MAIN STREET WAUPUN, WI 53963	Phone no. 920-324-9711

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