

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019
Open to Public Inspection

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 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**


B 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. 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: MARCIA BROWN SAME AS C ABOVE	D Employer identification number 39-2023346 E Telephone number (608) 448-2888 G Gross receipts \$ 1,177,896. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.HFWISCONSINRIVER.ORG		
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 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 185 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.													
Revenue	8 Contributions and grants (Part VIII, line 1h) 119,564. 121,155. 9 Program service revenue (Part VIII, line 2g) 1,084,525. 861,292. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5,917. -5,754. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,944. 14,152. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,217,116. 990,845.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td>119,564.</td><td>121,155.</td></tr> <tr><td>1,084,525.</td><td>861,292.</td></tr> <tr><td>-5,917.</td><td>-5,754.</td></tr> <tr><td>18,944.</td><td>14,152.</td></tr> <tr><td>1,217,116.</td><td>990,845.</td></tr> </tbody> </table>	Prior Year	Current Year	119,564.	121,155.	1,084,525.	861,292.	-5,917.	-5,754.	18,944.	14,152.	1,217,116.	990,845.
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1,084,525.	861,292.													
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18,944.	14,152.													
1,217,116.	990,845.													
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) 548,325. 537,207. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,828. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 636,281. 625,012. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,184,606. 1,162,219. 19 Revenue less expenses. Subtract line 18 from line 12 32,510. -171,374.													
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,351,679. 2,273,517. 21 Total liabilities (Part X, line 26) 449,848. 543,060. 22 Net assets or fund balances. Subtract line 21 from line 20 1,901,831. 1,730,457.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr><td>2,351,679.</td><td>2,273,517.</td></tr> <tr><td>449,848.</td><td>543,060.</td></tr> <tr><td>1,901,831.</td><td>1,730,457.</td></tr> </tbody> </table>	Beginning of Current Year	End of Year	2,351,679.	2,273,517.	449,848.	543,060.	1,901,831.	1,730,457.				
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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 MARCIA BROWN, PRESIDENT Type or print name and title	FILED ELECTRONICALLY	Date _____	
Paid Preparer Use Only	Print/Type preparer's name PETER VANDER WERFF	Preparer's signature 	Date 03/06/21	Check if self-employed <input checked="" type="checkbox"/> PTIN P00055651
	Firm's name ▶ O'CONNOR, WELLS & VANDER WERFF, LLC Firm's address ▶ 111 E. MAIN STREET WAUPUN, WI 53963		Firm's EIN ▶ 39-1742997	Phone no. 920-324-9711

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

BUILD/REMODEL HOMES SOLD AT FAVORABLE TERMS TO QUALIFIED LOW-INCOME INDIVIDUALS. ALSO, TO OPERATE TWO RETAIL RESTORE OUTLETS TO SELL DONATED BUILDING MATERIALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 \$ 380,386. including grants of \$) (Revenue \$ 215,064.)

HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC. CONSTRUCTS HOMES USING VOLUNTEER LABOR AND SELLS THEM AT FAVORABLE TERMS TO ELIGIBLE LOW-INCOME FAMILIES.

4b (Code:) (Expenses \$ 652,574. including grants of \$) (Revenue \$ 656,307.)

HABITAT FOR HUMANITY RESTORES SELL DONATE HOME IMPROVEMENT MATERIALS TO THE PUBLIC AT DISCONTINUED PRICES. ALL THE PROCEEDS FROM RESTORES BENEFIT THE MISSION OF HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,032,960.