Form **990**

Check if

Address change

Name change

Initial return

Final

Amended return

Applica-

pending

J Website:

Activities & Governance

Revenue

Assets or Balances

Net/

EXTENDED TO MAY 15, 2024 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, C Name of organization D Employer identification number HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC. 39-2023346 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1211 8TH STREET, P.O. BOX 38 (608) 448-2888 G Gross receipts \$ 1,845,086. City or town, state or province, country, and ZIP or foreign postal code BARABOO, WI 53913 H(a) Is this a group return F Name and address of principal officer: ROBIN CROW for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes (insert no.) Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No." attach a list. See instructions WWW.HFHWISCONSINRIVER.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other Year of formation: 2001 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: BUILD/REMODEL HOMES SOLD AT FAVORABLE TERMS TO QUALIFIED LOW-INCOME INDIVIDUALS. ALSO, TO if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 21 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 180 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 294,521. 431,400. Contributions and grants (Part VIII, line 1h) 736,515. 1,351,861. Program service revenue (Part VIII, line 2g) 5,790. 887. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,887. 50,918. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,095,713. 1,835,066. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 584,660. 662,096. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 439,335 1,406,868. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,023,995. 2,068,964. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 71,718. -233,898. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 2,487,513. 320,849. 20 Total assets (Part X, line 16) 488,004. 550,768. 21 Total liabilities (Part X, line 26) ,999,509. 770,081. Net assets or fund balances. Subtract line 21 from line 20 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. FILED Date

Signature of officer ELECTRONICALLY Sign ROBIN CROW, PRESIDENT Here Type or print name and title Date Check X PTIN Print/Type preparer's name 11/29/23 self-employed P00055651 Paid PETER VANDER WERFF O'CONNOR, WELLS & VANDER WERFF, LLC Firm's EIN 39-1742997 Preparer Firm's name Firm's address 111 E. MAIN STREET Use Only WAUPUN, WI 53963 Phone no. 920 - 324 - 9711 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

HABITAT FOR HUMANITY OF WISCONSIN RIVER

Forn	m 990 (2022) AREA, INC. 39-202334	6 Page 2	
Pa	art 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-INCO	ME	
	BUILD/REMODEL HOMES SOLD AT FAVORABLE TERMS TO QUALIFIED HOW INC.	MI	-
	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 X No	
	If "Yes," describe these new services on Schedule O.		
		Yes X No	
3	Eld the organization bodds conducting, or make organization and several severa	Yes LALINO	
	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 expe	nses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions	ses, and	
	revenue, if any, for each program service reported.		
4-	1 222 254	8,328.	<u>-</u>
4a			′
	HABITAT FOR HUMANITY OF WISCONSIN RIVER AREA, INC. CONSTRUCTS HOM		_
	USING VOLUNTEER LABOR AND SELLS THEM AT FAVORABLE TERMS TO ELIGIE		_
	LOW-INCOME FAMILIES. HABITAT SERVES EXISTING HOMEOWNERS THROUGH I	S	_
	CRITICAL HOME REPAIR PROGRAM. THIS PROGRAM PROVIDES CRITICAL HOME	1 1	
	REPAIRS, FOCUSING ON SAFETY, SECURITY, ACCESSIBILITY AND		_
	WEATHERIZATION, IN PARTNERSHIP WITH LOW-INCOME HOMEOWNERS.		_
	WEATHERIZATION, IN PARTNERSHIP WITH HOW INCOME HOMEOWNERD.		-
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			_
41-	(Code:) (Expenses \$ 530,205 • including grants of \$) (Revenue \$)	4,701.	١
4b	(Code:) (Expenses \$530, 205 • including grants of \$) (Revenue \$58 HABITAT FOR HUMANITY RESTORES SELL DONATE HOME IMPROVEMENT MATERI		
			-
	THE PUBLIC AT DISCONTINUED PRICES. ALL THE PROCEEDS FROM RESTORES		_
	BENEFIT THE MISSION OF HABITAT FOR HUMANITY OF WISCONSIN RIVER AF	REA,	
	INC.		
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4c	(Code:) (Expenses \$)
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4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ Including grants of \$ Intervenue \$		
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,912,269.		