ISIgr		elope ID: 0F09I	F91D-4816-4222-A75C-75B1FF4F60A0		<b>D17</b> + +		
	-		** PUBLIC DISCLOSUR			ncome Tax	OMB No. 1545-0047
For	<b>n 9</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal F	Revenue	Code (exc	cept private foundation	» <b>2021</b>
Depa	rtment	of the Treasury	<ul> <li>Do not enter social security numbers on th</li> <li>Go to www.irs.gov/Form990 for instruction</li> </ul>		-		Open to Public Inspection
		enue Service	ar year, or tax year beginning		ending	i mormation.	inspection
	heck if		f organization	una	citality	D Employer identific	ation number
	pplicab	ole:	rorganization			D Employer Identifie	
	Addr	ess ge WILF	AT HOME INC				
	Name		usiness as			47-124718	32
	Initia	Number	and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	Final returr	<sub>1/</sub> 330	DEMOTT LANE			732-873-2	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal co	ode		<b>G</b> Gross receipts \$	536,925.
	Amer returr	JOME	RSET, NJ 08873			H(a) Is this a group ref	
	Appli dion pend	F Name a	nd address of principal officer: IVAN GREENSTEIN	N		for subordinates?	
	-	SAME	AS C ABOVE			H(b) Are all subordinates inc	
		empt status:		947(a)(1) c	or 527		ist. See instructions
			WILFCAMPUS.ORG         X       Corporation         Trust       Association         Other		L Veer	H(c) Group exemption	State of legal domicile: NJ
	art I				L Year		State of legal domicile: NO
	1		be the organization's mission or most significant activities:		TOW S	ENTORS TO AG	E IN THEIR
e	<b>'</b>	HOME BY	BRINGING VARIOUS TYPES OF SER	VTCE	S DTRI	ECTLY TO THEN	<u>// 110 110 110</u>
nan	2	-	x ▶				
Governance	3			•			8
ŝ	4		dependent voting members of the governing body (Part VI, Ii				6
ې مې	5		of individuals employed in calendar year 2021 (Part V, line 2				17
Activities	6		of volunteers (estimate if necessary)				6
kctiv	7 a		d business revenue from Part VIII, column (C), line 12				0.
<u>م</u>	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
						Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)			208,574.	227,236.
Revenue	9		ice revenue (Part VIII, line 2g)			66,042.	309,683.
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)			21.	6.
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0. 274,637.	0. 536,925.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), lin			2/4,03/.	<u> </u>
	13		milar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14		r compensation, employee benefits (Part IX, column (A), line 4)			177,920.	288,804.
ses	16a		undraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25)		0.		
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)			79,778.	131,712.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)			257,698.	420,516.
	19		expenses. Subtract line 18 from line 12			16,939.	116,409.
or					Be	eginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)			67,522.	188,466.
tAs	21		s (Part X, line 26)			20,087.	24,622.
			fund balances. Subtract line 21 from line 20			47,435.	163,844.
	art II						
			I declare that I have examined this return, including accompanying				knowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all informat	tion of wh	ich preparer	has any knowledge.	

Sign	Signature of officer		Date					
Here	KRISTI SAVELL, COMPTRO	LLER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	SETH BRODY	SETH BRODY	07/20/22 self-employed P01586423					
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	Firm's EIN ▶ 41-0746749					
Use Only	Firm's address 💊 610 W GERMANTOWN	PIKE, SUITE 400						
	PLYMOUTH MEETING	, PA 19462	Phone no. (215) 643-3900					
May the II	May the IRS discuss this return with the preparer shown above? See instructions							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) WILF AT HOME INC	47-1247182 Page 2
Par	t 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:	
	TO PROVIDE QUALITY AND INDIVIDUALIZED IN-HOME CAN	
	CREATE AN ATMOSPHERE OF TRUST, RESPECT, DIGNITY,	ACCOUNTABILITY,
	INTEGRITY, AND EXCELLENCE.	
		Pakad an Mar
2	Did the organization undertake any significant program services during the year which were not I prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	gram services?
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	am services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 355,043. including grants of \$	0.) (Revenue \$ 309,683.)
	PROVIDING SENIORS AND THEIR FAMILIES WITH ACCESS	TO MULTIPLE SERVICE
	PROVIDERS WHEN THEY HAVE A NEED THAT ARISES.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue Total program service expenses ► 355,043.	\$)
4e	Total program service expenses ► 355,043.	Form <b>990</b> (2021)
10000	2 10 00 01	Form <b>230</b> (2021)
132002	2 12-09-21 <b>A</b>	

Form	990 (2021) WILF AT HOME INC 47-124	7182	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		v
40	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	1		v
~~	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	0.00		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	
132003	12-09-21	Form	1000	(2021)

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Form	<u>990 (2021) WILF AT HOME INC 47-</u>	1247	182	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	t			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v	
~ ~	Schedule J		23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		270		
•	any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro				37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
_	instructions for applicable filing thresholds, conditions, and exceptions):				
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		~	х	
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?		34	^	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		555		
	If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
		പ		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
12200	(gambling) winnings to prize winners?			990	<u> </u> (2021)
152002	6		1 0111		(2021)

2a				Yes	N
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			[	
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
b					
		10/12	122		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		1
2a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		
2a b 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
2a b 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a 13a		
2a b 3 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	12b			
2a b 3 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	12b			
2a b 3 a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	12b 			
2a b 3 a b c	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	- 13a		
2a b 3 b c 4a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	12b 13b 13c	13a 13a 14a		x
2a b 3 b c 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	12b 13b 13c e O	- 13a		x
2a b 3 b c 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	12b           13b           13c           e O           ation or	13a 14a 14b		
2a b 3 b c 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?	12b           13b           13c           e O           ation or	13a 13a 14a		
2a b 3 b c 4a 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	12b           13b           13c           e O           ation or	13a 14a 14b 15		x
2a b 3 b c 4a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	12b           13b           13c           e O           ation or	13a 14a 14b		x
2a b 3 b c 4a 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	12b           13b           13c           e O           ation or	13a 14a 14b 15		x
2a b 3 b c 4a 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in the section 501(c)(21) organizations.	12b           13b           13c           e O           ation or	13a 14a 14b 15		x
2a b 3 b c 4a 5 5	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	12b           13b           13c           e O           ation or	13a 14a 14b 15		X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
1a		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
		-		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
	officer, director, trustee, or key employee?	2		
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
	Did the organization have members or stockholders?	6	~	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b> .	v	
-	persons other than the governing body?	7b	X	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NJ$			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT BARRY, CAMPUS PRESIDENT/CEO - 732-568-1155			
	350 DEMOTT LANE, SOMERSET, NJ 08873			

Form 990 (2021) WILF AT HOME INC	47-1247182 Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								
• List all of the organization's current officers, directors, trustees (whether individuals or organization)	ons) regardless of amount of compensation							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	upens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor	-	1000 NEO)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) JEAN LEONE	16.00									
EXECUTIVE DIRECTOR	34.00	х		х				32,599.	293,387.	6,174.
(2) ROBERT BARRY	1.00									
CAMPUS PRESIDENT/CEO	49.00	Х		Х				0.	275,681.	11,036.
(3) JULIE SUESSERMAN	2.00									
PRESIDENT	6.00	Х		Х				0.	0.	0.
(4) RUTH-ANN GERR	2.00									
VICE PRESIDENT	6.00	Х		Х				0.	0.	0.
(5) IVAN GREENSTEIN	2.00									
TREASURER	14.00	Х		Х				0.	0.	0.
(6) RENEE KRUL	2.00									
TRUSTEE	6.00	Х						0.	0.	0.
(7) JOSEPH PLOTNICK	2.00									
TRUSTEE	4.00	Х						0.	0.	0.
(8) GERALD STAFFIN	2.00									
TRUSTEE	8.00	Х						0.	0.	0.
					<u> </u>					
					-					<u> </u>
		1								
132007 12-09-21		•		•	•	•	•			Form <b>990</b> (2021)

132007 12-09-21

Form **990** (2021)

# 14100720 131839 097-102471

_	orm 990 (2021) WILF AT HOME INC 47-1247182 Page 8										ge <b>8</b>			
Par	t VII Section A. Officers, Directors, Trus (A)	(B)	oloy		(0	C)		st C	ompensated Employee (D)	s <u>(continued)</u> (E)			(F)	
	Name and title	Average hours per week (list any hours for related organizations below	box	not c , unle	ss pei nd a d	more rson i	Highest compensated	n an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensatio from related organizatior (W-2/1099-MI 1099-NEC)	on d ns SC/	ame comp fro orga and	imated ount o other oensation the nizatio relate nizatio	f ion on d
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former						
			-											
			-											
с	Subtotal Total from continuation sheets to Part VI	I, Section A							32,599.	569,0	0.		,21	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							lo re	32,599. eceived more than \$100,	569,0 000 of reportable		1/	,21	0.00
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	empl	loye	e, or	hig	phest compensated emp	loyee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	accrue compen	Isati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		4 5	X	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co				-							on fror	n	
	the organization. Report compensation for (A) (A) Name and business			endir DNE		<u>ith c</u>	or wi	thin	<u>the organization's tax y</u> (B) Description of s		Cc	(C)		
			140	2141	-									
2	Total number of independent contractors (ii	•	ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	Zation 🗩				(	,				F	orm 9	<b>90</b> (2	021)

		2021) WILF AT HOME	INC			47-1247	182 Page 9
Pa	rt VII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
	4 -	Fordematerial communications					360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns   1a     Membership dues   1b					
j g	D						
fts,	ט ה	Fundraising events     1c       Related organizations     1d	227,236.				
ia i	u	Government grants (contributions) 1e	227,230.				
Sins	e f	All other contributions, gifts, grants, and					
iti a		similar amounts not included above <b>1f</b>					
otio	a	Noncash contributions included in lines 1a-1f					
Con	h	Total. Add lines 1a-1f		227,236.			
<u> </u>			Business Code				
Ð	2 a	HOME CARE REVENUE	623000	309,683.	309,683.		
, ki	b				-		
Ser	с						
am	d						
Program Service Revenue	е						
Å	f	All other program service revenue					
	g	Total. Add lines 2a-2f		309,683.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		6.			6.
	4	Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	С						
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
đ	D	Less: cost or other basis					
venue	_	and sales expenses 7b Gain or (loss) 7c					
Other Re		Net gain or (loss)					
Ę	0 0	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<b>&gt;</b>				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold10b	b line line line line line line line line				
	с	Net income or (loss) from sales of inventory					
S			Business Code				
eou	11 a						
Miscellaneous Revenue	b						
Sel	С						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		536 025	300 603	0	E C
	12	Total revenue. See instructions	▶	536,925.	309,683.	0.	6. Form <b>990</b> (2021)
13200	9 12-09	-21					ronn <b>ээс</b> (2021)

	990 (2021) WILF AT HOME t IX   Statement of Functional Expense			47-12	47182 Page 10
	· · ·				
Secti	on 501(c)(3) and 501(c)(4) organizations must comple			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	32,876.	32,876.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	211,051.	183,498.	27,553.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,437.	10,437.		
10	Payroll taxes	10,437. 34,440.	10,437. 34,440.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	4,877.		4,877.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	1,538.	1,538.		
12	Advertising and promotion	1,538. 18,407.	1,538. 18,407.		
13	Office expenses	71,680.	71,680.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	25.010	0.165	22.042	
а	MISCELLANEOUS EXPENSE	35,210.	2,167.	33,043.	
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	420,516.	355,043.	65,473.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	18,805.
	2	Savings and temporary cash investments	50,868.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,654.	4	94,583.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	75,078.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	67,522.	16	188,466.
	17	Accounts payable and accrued expenses	14,375.	17	16,404.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	F 710		0 01 0
		of Schedule D	5,712.	25	8,218.
	26	Total liabilities. Add lines 17 through 25	20,087.	26	24,622.
s		Organizations that follow FASB ASC 958, check here 🕨 🐰			
Ce		and complete lines 27, 28, 32, and 33.	17 125		162 044
Net Assets or Fund Balances	27	Net assets without donor restrictions	47,435.	27	163,844.
ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
۲ ۲		and complete lines 29 through 33.			
its (	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∍t A	31	Retained earnings, endowment, accumulated income, or other funds	47,435.	31	163,844.
ž	32 33	Total net assets or fund balances	67,522.	32 33	188,466.
	33	Total liabilities and net assets/fund balances	51,522.	33	

Form 990 (2021)

Form	1990 (2021) WILF AT HOME INC	47-124	7182	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.
3	Revenue less expenses. Subtract line 2 from line 1	3			09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47	7,4	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	163	3,8	44.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			_	000	(0001)

Form **990** (2021)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nan	ne of t	he organizatio		<u></u>					Employer	identification number
		-		AT HOME I						7-1247182
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organi	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	nvention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school dese	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state								
5					llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		-		Complete Part II.)				<i>,</i> ,		
6			-	-	nental unit described in					
7		-		•	ntial part of its support fr	om a gove	ernmental	unit or from ti	ne general p	Dudiic described in
8		•		omplete Part II.)	(1)(A)(vi). (Complete Parl	· II )				
9	H	-			in section 170(b)(1)(A)(i	-	ad in coniu	inction with a	land-grant	college
Ŭ		-	-		ulture (see instructions).		-		-	-
		university:		, and conlege of agric			,	,	and demogra	
10	X		on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section	5 <b>09(a)(2).</b> (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12		-	-	-	vely for the benefit of, to	-			•	
				-	d in <b>section 509(a)(1)</b> o					Check the box on
_		7	-	•••	f supporting organization				-	- i. i
а				-	upervised, or controlled	• • • •	-			
			-	complete Part IV, Se	gularly appoint or elect a	majonty c				ipporting
b		7 <sup>°</sup>		•	or controlled in connect	ion with it:	s supporte	ed organizatio	n(s), by hay	vina
-				-	anization vested in the sa			-		-
				t complete Part IV,						
с		7			g organization operated	in connect	ion with, a	and functiona	ly integrate	d with,
		its supporte	ed organizatior	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	ted organiz	zation(s)
					ation generally must sati				l an attentiv	/eness
		- ·	,		nplete Part IV, Sections					
е			•		written determination from			Type I, Type	II, Type III	
f	Ente	r the number of	-		nally integrated supportir					
י ה			• •	about the supporte	d organization(s)					
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
_										
Tota	al									

	rt II Support Schedule for		Described in			l 170(b)(1)(A)(v				
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)									
Ser	Section A. Public Support									
		(a) 2017	(b) 0010	(a) 2010	(d) 2020	(a) 2021				
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
•	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ									
	ization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4										
5	The portion of total contributions									
-	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.									
	ction B. Total Support	[	[	1	1	1	1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
_	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
44	assets (Explain in Part VI.)									
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	oto (soo instructio				12				
13	First 5 years. If the Form 990 is for th		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax		· · ·				
10	organization, check this box and stop									
See	ction C. Computation of Publi									
14	Public support percentage for 2021 (I			column (f))		14	%			
15	Public support percentage from 2020					15	%			
16a										
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support test - 2020. If the o									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e <b>re.</b> Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances te	st. The organizatic	n qualifies as a pu	ublicly supported c	organization					
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu						▶∐			
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2021

132022 01-04-22

 Schedule A (Form 990) 2021
 WILF AT HOME INC

 Part III
 Support Schedule for Organizations Described in Section 509(a)(2)

qualify under the tests listed be			ganization failed	to qualify under Pa	art II. If the organiz	ation fails to
ion A. Public Support						
	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
					007 006	4.7.5
nclude any "unusual grants.")				208,574.	227,236.	435,810.
rganization's tax-exempt purpose				66,042.	309,683.	375,725.
Bross receipts from activities that						
re not an unrelated trade or bus-						
ness under section 513						
ax revenues levied for the organ-						
zation's benefit and either paid to						
r expended on its behalf						
he value of services or facilities						
urnished by a governmental unit to						
ne organization without charge						
otal. Add lines 1 through 5				274,616.	536,919.	811,535.
mounts included on lines 1, 2, and						
received from disqualified persons						0.
						0.
dd lines 7a and 7b						0.
						811,535.
ion B. Total Support						
· · · · · · ·	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
				274,616.	536,919.	811,535.
ecurities loans, rents, royalties,			-		_	
nd income from similar sources	2.	2.	2.	21.	6.	33.
Inrelated business taxable income						
,						
cquired after June 30, 1975						
dd lines 10a and 10b	2.	2.	2.	21.	6.	33.
whether or not the business is						
other income. Do not include gain						
,	2.	2.	2.	274,637.	536,925.	811,568.
				·	-	
-	-		-			
ion C. Computation of Public	Support Perc	centage				
Public support percentage for 2021 (lir	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	100.00 %
Public support percentage from 2020	Schedule A, Part II	II, line 15			16	99.99 %
ion D. Computation of Invest	tment Income	Percentage				
vestment income percentage for 202	21 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	.00 %
nvestment income percentage from 2	020 Schedule A, F	Part III, line 17			18	.01 %
3 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
nore than 33 1/3%, check this box and						N V
						Ind
3 1/3% support tests - 2020. If the	Jiyanization ulu ne					
<b>3 1/3% support tests - 2020.</b> If the one of the one of the second secon	•		ization qualifies a	s a publicly suppo	rted organization	
••	k this box and sto	<b>p here.</b> The organ				
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage from 2020 tion D. Computation of Invest nvestment income percentage for 2021	Sifts, grants, contributions, and         membership fees received. (Do not         nclude any "unusual grants.")         Gross receipts from admissions,         merchandise sold or services per- formed, or facilities furnished in         any activity that is related to the         organization's tax-exempt purpose         Gross receipts from activities that         are not an unrelated trade or bus-         ness under section 513         Fax revenues levied for the organization's benefit and either paid to or expended on its behalf         The value of services or facilities         unnished by a governmental unit to         he organization without charge         Fotal. Add lines 1 through 5         Amounts included on lines 2 and 3 received         momother than disqualified persons that         exceed the greater of \$5.00 or 1% of the         mount on line 13 for the year         Add lines 7a and 7b         Public support. (subtract line 7c from line 6)         Gross income from interest,         dividends, payments received on         secutities loans, rents, royalties,         and income from similar sources         Jurelated business taxable income         less section 511 taxes) from businesses         activities not included on line 10b,         whether or n	Bifts, grants, contributions, and         membership fees received. (Do not         nclude any "unusual grants.")         Gross receipts from admissions,         merchandise sold or services per-         ormed, or facilities furnished in         any activity that is related to the         organization's tax-exempt purpose         Gross receipts from activities that         are not an unrelated trade or bus-         ness under section 513         Fax revenues levied for the organization's benefit and either paid to         pro expended on its behalf         The value of services or facilities         unnished by a governmental unit to         he organization without charge         Fotal. Add lines 1 through 5         mounts included on lines 1, 2, and         B received from disqualified persons that acced the great of \$5.000 or 1% of the imount on line 13 for the year         Add lines 7a and 7b         Public support. (Subtract line 7c tron line 5)         for any final suparmets received on securities loans, rents, royalties, and income from similar sources         Jarelated business taxable income         less section 511 taxes) from businesses activities not include gain or loss from the sale of capital assets (Explain in Part VI.)         Add lines 10a and 10b       2.2.2.         Veit income from unrelated business is egularly	Bifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Bifts, grants, contributions, and membership fees received. (Do not fuclude any "unusual grants.")       208,574.         Bross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's trace-empt purpose       66,042.         Bross receipts from admissions, merchandles sold or services or facilities furnished in an unrelated trade or busness under section 513       66,042.         Tax revenues levied for the organization's benefit and either paid to re-spended on its behalf       9         The value of services or facilities       9         Unlished by a governmental unit to he organization's benefit and either paid to re-spended on dispualified persons       274,616.         Arrounts included on lines 1, 2, and greetived from dispualified persons means on ther 35,000 or % of the means on ther the dispualified persons means on ther the dispualified persons means the trace of the year       (a) 2017 (b) 2018 (c) 2019 (d) 2020         Arrounts from line 6       274,616.       274,616.         Tax year (or fical year beginning in ) Arround the set or dispualified persons income from interest, disput to year (b) and to b       2.       2.       2.         Ard lines 10 and 10b       2.       2.       2.       2.       2.       2.         Arear (or fical year beginning in ) Arround the set or disput income from similar sources in continct de gain sources in the set or disput income is a stable income less section 511 taxes) from businesses incquired after June 30, 1975       2.	alifs, grants, contributions, and membership fees received. (Do not network of unusual grants: 7) arcss receipts from admissions, merchandles explored or services per- formed, or facilities furnished in synactivity that is related to the granization's tax-exempt purpose are not an unrelated trade or bus- ness under section 513       208, 574.       227, 236.         Tax revenues levied for mactivities that are not an unrelated trade or bus- ness under section 513       66, 042.       309, 683.         Tax revenues levied for the organ- zation's benefit and either paid to or expended on this behalf       274, 616.       536, 919.         The value of services or faulities unished by a governmental unit to her organization without charge for an ordisqualified persons invoints included on lines 1, 2, and a received from disqualified persons invoints include up and to be and are defined and 7b.       214, 616.       536, 919.         Dublic support. dary reg (rife fact year to find the content in the stand are and 7b.       20       274, 616.       536, 919.         Dublic support. dary reg (rife fact year to find the content in the stand in the stand are serviced on similar sources. dary reg (rife fact year to find the content in the stand in the content from time 6 and ray reg (rife fact year to find the content in the stand in the conton the count in the content in the stand in the content in the st

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## Schedule A (Form 990) 2021 WILF AT HOME INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

 Part IV
 Supporting Organizations

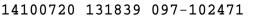
 (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990) 2021 WILF AT HOME INC 47	-124718	2 Pa	age <b>5</b>
	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	rs, ed		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction in the organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (		ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>2a</u>		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

	dule A (Form 990) 2021 WILF AT HOME INC t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi		<u>47-1247182 <sub>Ра</sub></u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus	ng trust on N	lov. 20, 1970 ( <i>explain ir</i>	Part VI). See instructio
ecti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
;	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
cti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
I	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
;	Subtract line 2 from line 1d.	3		
ł	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
;	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
;	Multiply line 5 by 0.035.	6		
,	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
cti	on C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
}	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Ļ	Enter greater of line 2 or line 3.	4		
;	Income tax imposed in prior year	5		
;	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

	ule A (Form 990) 2021 WILF AT HOME			4'	7-1247182 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sectio	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	;	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	WILF AT HON	IE INC		47-1247182 Page
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	s 1, 2, 3b, 3c, 4b, 4c, 5a, 6 D. lines 2 and 3: Part IV. 9	5, 9a, 9b, 9c, Section E. line	required by Part II, line 10; Part II 11a, 11b, and 11c; Part IV, Sections es 1c, 2a, 2b, 3a, and 3b; Part V, I and 6. Also complete this part for	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1: Part V. Section B, line 1e: Part V.
	(See instructions.)				
132028 01-04-2	2			22	Schedule A (Form 990) 2
00720	131839 097-1	02471	202	21.04000 WILF AT H	HOME INC 097

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Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		2021
Name of the organization		Emp	ployer identification number

W	ILF AT HOME INC	47-1247182						
Organization type (check	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							

Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)		Page 2
Name of or	rganization	En	ployer identification number
WILF A	AT HOME INC		47-1247182
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$227,236 	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

123452 11-11-21

14100720 131839 097-102471

	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
WILF 2	AT HOME INC		47-1247182
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		-	
		_ \$	

123453 11-11-21

Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)			Page
Name of or	rganization			Employer identification number
WILF A	AT HOME INC			47-1247182
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	h) through (e) and the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
( ) ) )				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

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Schedule B (Form 990) (2021)

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	SCHEDULE D Supplemental Financial Statements										
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.											
	Department of the Treasury         ► Attach to Form 990.           Internal Revenue Service         ► Go to www.irs.gov/Form990 for instructions and the latest information.										
	ame of the organization Employer										
_		WILF AT HOME INC				7-1247182					
Par		ntions Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin		Similar Funds or Ac	counts.	Complete if the					
	organization		(a) Donor advis	ed funds	b) Funds and	d other accounts					
1	Total number at en	nd of year									
2		f contributions to (during year)									
3	00 0	f grants from (during year)									
4		t end of year									
5		on inform all donors and donor advisors in v		eld in donor advised fund	ls						
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes No					
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be used o	nly						
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose conferr	ing						
Do	impermissible priva					Yes No					
Par		ation Easements. Complete if the org			line 7.						
1		ervation easements held by the organizatio	· · · · ·			tent land area					
		of land for public use (for example, recrea f natural habitat		Preservation of a histo Preservation of a certi							
		of open space			neu mistoric :	structure					
2		through 2d if the organization held a qualif	ied conservation contril	oution in the form of a co	nservation e	esement on the last					
-	day of the tax year					at the End of the Tax Year					
а	Total number of co	onservation easements			2a						
b	Total acreage restr				2b						
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)		2c						
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not o	n a historic structure							
	listed in the Nation	al Register			2d						
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or	terminated by the organi	zation during	the tax					
	year 🕨										
4		where property subject to conservation eas	-								
5		tion have a written policy regarding the per									
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,		and onforcing consorvatio							
6		nours devoted to monitoring, inspecting,	nanuling of violations, a	ind enforcing conservatio	n easements	s duning the year					
7	Amount of expense	 es incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation eas	sements duri	ng the year					
•	► \$					ng the year					
8	· · ·	vation easement reported on line 2(d) abov	e satisfy the requiremer	nts of section 170(h)(4)(B)	(i)						
	and section 170(h)	(4)(B)(ii)?	· · ·			Yes No					
9	In Part XIII, describ	e how the organization reports conservation	on easements in its reve	enue and expense statem	ent and						
	balance sheet, and	l include, if applicable, the text of the footn	ote to the organization'	s financial statements tha	at describes	the					
	organization's acco	ounting for conservation easements.									
Par		itions Maintaining Collections of		easures, or Other S	imilar Ass	sets.					
		the organization answered "Yes" on Form									
а	•	elected, as permitted under FASB ASC 95				Orks					
		easures, or other similar assets held for pub Part XIII the text of the footnote to its finar			ice of public						
b		elected, as permitted under FASB ASC 95			sheet works	of					
D D	-	ures, or other similar assets held for public	-								
		ng amounts relating to these items:				11100,					
		ded on Form 990, Part VIII, line 1			▶ \$						
		ed in Form 990, Part X									
2		received or held works of art, historical trea									
	the following amou	ints required to be reported under FASB A	SC 958 relating to these	e items:							
а											
b	Assets included in	Form 990, Part X			▶ \$						
	-	eduction Act Notice, see the Instructions	s for Form 990.		Sche	dule D (Form 990) 2021					
132051	10-28-21		27								
			27								

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	dule D (Form 990) 2021 WILF AT t III Organizations Maintaining C	HOME INC	rt Hiet			r Othor		47-12			age <b>2</b>
3	Using the organization's acquisition, accessi								(contil	nued)	
3	collection items (check all that apply):	ion, and other record	us, crieci	k any or the	ioliowing tha	t make sig	micanti				
а	Public exhibition		a 🗌	Loan or eve	hange progra	am					
b	Scholarly research		e 🗌		nange progra						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how t	hev further th	ne organizatio	n's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit c				•			se intrare	/		
Ū	to be sold to raise funds rather than to be ma		,		,				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			o organizatio				, · , ·			
1a	Is the organization an agent, trustee, custod	ian or other interme	diarv for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ —			
		·	0						Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	on has been	provided on	Part XIII					
Par							).				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held ar	nd administe	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	), Part X, li	ne 10.				
	Description of property	(a) Cost or			t or other		cumulate	d	<b>(d)</b> Boo	k valu	е
		basis (invest	ment)	basis	(other)	dep	reciation				
<b>1</b> a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colur	mn (B), line 1	0c.)						0.
								Schedule	D (Forn	n <b>990</b> )	2021

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Schedule D (Form 990) 2021 WILF AT HOME Part VII Investments - Other Securities.		47	-1247182 Page
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
I) Financial derivatives     Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(□) <b>otal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d Soc Form 990 Part V line 15	
	Description		(b) Book value
	Jeschption		75,078.
			75,070.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			75 070
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			75,078.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			8,218.
(3)			
(4)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

132053 10-28-21

(5) (6) (7) (8) (9)

8,218.

Schedule D (Form 990) 2021 WILF AT HOME INC		47-1247182 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

WILF AT HOME IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME

TAXES ON ITS EXEMPT INCOME UNDER SECTION 501(A) OF THE INTERNAL REVENUE

CODE.

WILF AT HOME FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE

RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE

CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN

ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION

AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX

RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS

STANDARD HAS NO IMPACT ON THE WILF AT HOME'S FINANCIAL STATEMENTS. WILF AT 132054 10-28-21
Schedule D (Form 990) 2021
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Schedule D (	Form 99 Suppl	00) 2021 emental Info	WI prmatio	LF AT HO on <sub>(continued)</sub>	ME	INC				47-1247182	Page 5
					то	REVIEW	BY	THE	TAXING	AUTHORITIES.	
										Schedule D (Form	990) 2021

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(Form 990)       For cratain Officers, Directors, Truitees, Key Employees, and Highest Compensation asswered 'Yes' on Form 990, Part IV, line 23.	SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
Department of the Treasery brand information:         Complete if the organization > G to wow is: gov/Form890 for instructions and the latest information.         Open to Public Instructions and the latest information.           Name of the organization         WILF AT HOME TINC         Employer identification number 47 - 12471182           Part I Ouestions Regarding Compensation         Yes         No           Image of the organization instructions of the appropriate box(s) if the organization provided any of the following to or for a person listed on Form 950, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image of the organization provided any of the following to or for a person listed on Form 950, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image of the organization and gross up payments         Payments to business use of personal residence payments to substantiation and gross up payments         Payments to busines use of personal residence payments or differe, including the CCO*Secutive Director, modeled and policy regarding payment or relembursement or provision of all of the expenses described above? If "No," complete Part III to explain         1b         Image of the organization is CCO/Executive Director, Deck and the payment of needeed on line 1a?         2         Image of the organization is comparization or a related organization used to establish the compensation ordinate independent compensation of the CEO*Executive Director, but establish the compensation ordin the CEO*Executive Director, but establish compensatio	(Fo	rm 990)		2021			
Description         Part and the integration         Open type: Inspection           Name of the organization         Employer identification number         47 - 124 7182           Part I         Questions Regarding Compensation         47 - 124 7182           Image: Inspection in the integration in the integration provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image: Inspection in the integration provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Image: Inspection in the integration provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to explain         Yes         No           Image: Inspection integration regimes use of personal residence         Image: Inspection integration regimes integration regimes integration regimes integration regimes use of personal residence         Image: Inspection integration regimes integration regimes integration regimes use of personal residence         Image: Inspection integration regimes integration residence           Image: Inspective Part III to explain and the integration regimes integratin regratice integration regrating the personal service				20			
Name of the organization         Exployer identification number           WILP AT HOME INC         47 - 1247182           Part I         Questions Regarding Compensation         47 - 1247182           Image: Comparison         47 - 1247182           Image: Comparison         10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Depa	rtment of the Treasury		-		ic	
WILL P AT HOME INC         47-1247182           Part I         Questions Regarding Compensation         Yes         No           9         Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel         Housing allowance or residence for personal residence Part VII, Section A, Ine 1a, Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding payment or reimbursement or provision of all of the expresses described above? If 'No,'' complete Part III to explain 1         Ib           2         Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         Ib         Ib           3         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation commutate         Written employment contract         Ib         Ib           3         Indicate which, if any, of the following explanement?         Ation and any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organizations         Compensation committee         Xa           4         During the year, did any person listed on Form 9	-			<u> </u>	•		
Part 1       Cuestions Regarding Compensation         **       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding disednee for personal use intravel companions       Yes       No         First class or charter travel       Payments for business use of personal needence         Discretionary spanding account       Personal services (such as maid, chauffeur, chef)       Ib       It any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain       1b       2         2       Indicate which, if any, of the following the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain In Part III.       2       2         3       Indicate which, if any, of the following the organization used to establish compensation committee       Write employment contract       2       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X.         6       For eperson listed on Form 990, Part VII, Section A,	Nar	ne of the organization					mber
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Point VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       No         Tax indemnification and gross up payments       Personal services (such as maid, chauffers, chel)       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described adow? If 'No,' complete Part III to provide any robust pay the provide any payment or reimbursement or provision of all of the expenses described adow? If 'No,' complete Part III to provide any robust pay the provide any payment or reimbursement or provision of all of the expenses described adow? If 'No,' complete Part III to provide any payment payment or reimbursement or provision of all of the expenses described adow? If 'No,' complete Part III to provide any payment pay are added organization to establish compensation or related organizations       1b         2       Indicate which, if any, of the following the present used to stablish the compensation committee       With the engloyment contract       1b       2c         3       Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organiza	D			4/-1	.24/18	2	
S Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Companions       Image: Check the appropriate box (esc) is the person of the companion	F		s Regarding Compensation			N.	
Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>Personal sections on charter travel</li> <li>Personal sections on charter travel</li> <li>Personal sections on charter travel</li> <li>Part VII, Section A, line 1a, Complete Part III to explain</li> <li>Discretionary spending account</li> <li>Personal services (such as maid, chauffeur, chef)</li> <li>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain</li> <li>Di the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</li> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee</li> <li>Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Indicate which, if any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a releted organization:</li> <li>Receive a severance payment for an auptive based compensation arrangement?</li> <li>Participate in or receive payment from an euptive based compensation arrangement?</li> <li>Participate in or receive payment from an euptive based compensation arrangement?</li> <li>Participate in or receive payment from an euptive based compensation arrangement?</li> <li>Participate in or receive payment from an euptive based compensation arrangem</li></ul>	10	Chook the appropri	iste hev/se) if the examination provided any of the following to as far a person listed on Form	000		Yes	NO
Image: Section of the sectin the sectin the sectin the sectin the section of the	a			990,			
Travel for companions       Payments for business use of personal residence         Health or social club clues or initiation fees       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         Image: CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract         Image: Dependent compensation committee       Written employment contract       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         9       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         4       During the year, did any person lasted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revelve pay							
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       X Compensation survey or study         X Porm 990 of other organization:       Approval by the board or compensation committee         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a         X Participate in or receive payment from a supplemental nonqualified retirement plan?       4a         Chy section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net arnings of:       5a       X         Any relate							
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       3         a       Receive a severance payment from a supplemental nonqualified retirement plan?       4a       X         4b       X       4b       X         b       Articipate in or receive payment from an equity-based compensation arrangement?       4c       X         1b       Participate in or receive payment from anequity-based compensation pay or accrue any							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         (a)       Independent compensation consultant       (Compensation committee       (Compensation committee         (b)       Participate in or receive payment from an equity-based compensation arrangement?       4a       X         (c)       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         (c)       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         (c)       Participate in or receive payment from an equity-based companization pay or accrue any compensation contingent on the revenues of:       5a       X         (c)       Participate in or receive payment from an equity-based companization pay or accrue any compensation contingent on the revenues of:       5a							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, bleck any boxes for methods used by a related organization to establish compensation committee       2         4       Independent compensation consultant       Image compensation committee       Written employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person sisted on Form 990, Part VII, Section R arrangement?       4a       X         4       During the second organization:       4a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         4       During the evenues of:       5a       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, bleck any boxes for methods used by a related organization to establish compensation committee       2         4       Independent compensation consultant       Image compensation committee       Written employment contract         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person sisted on Form 990, Part VII, Section R arrangement?       4a       X         4       During the second organization:       4a       X         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         4       During the evenues of:       5a       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the ceo/Executive Director, but explain in Part III.       2         4       During the persons intered organization consultant       X Compensation survey or study         1       Independent compensation consultant       X Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment from an equity-based compensation arrangement?         If 'Yes' to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:         a       The organization?         b       Any related organization?         f' Yes'' on line 5a or 5b, describe in Part III.     <		-			1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         A       Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         X       Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4b       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4a       X         5       Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the et earnings of:       5a       X       5b       X <tr< td=""><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	2						
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Beceive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         dc       If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       1       5b       X         ft "Yes" on line 6a or 6b,					2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or are compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         a       Receive a severance payment or change-of-control payment?       Image: Compensation arrangement?       Image: Compensation arrangement?         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation contingent on the revenues of:       Image: Compensation committee         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Compensation committee       Image: Compensation committee         6       A       X       Kom persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Imag		,	, , , , , , , , , , , , , , , , , , , ,				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or are compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee         a       Receive a severance payment or change-of-control payment?       Image: Compensation arrangement?       Image: Compensation arrangement?         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation contingent on the revenues of:       Image: Compensation committee         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Compensation committee       Image: Compensation committee         6       A       X       Kom persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Imag	3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	6			
<ul> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <li>Receive a severance payment or change of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified retirement plan?</li> <li>Participate in or receive payment from a nequity-based compensation arrangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of:</li> <li>The organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>For persons listed or Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>For persons listed or form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III</li> </ul>		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b       Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       6b		establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
Image: Second system       Image: Second system       Approval by the board or compensation committee         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system       Image: Second system         Image: Second system       Image: Second system       Image: Second system       Image: Second system       Image: Second system       Image: Second system       Image: Second		X Compensation	n committee Written employment contract				
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		Independent of	compensation consultant I Compensation survey or study				
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         c The organization?       5a       X         b Any related organization?       5b       X         c The organization?       5a       X         b Any related organization?       5a       X         c The organization?       5a       X         b Any related organization?       5b       X         c The organization?       6a       X         g Any related organization?       5a       X         b Any related organization		X Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         c The organization?       5a       X         b Any related organization?       5b       X         c The organization?       5a       X         b Any related organization?       5a       X         c The organization?       5a       X         b Any related organization?       5b       X         c The organization?       6a       X         g Any related organization?       5a       X         b Any related organization							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6a       X       6b       X         b Any related organization?       6a       X         if "Yes" on line 6a or 5b, describe in Part III.       6b       X         6b       X       6b       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X       6b       X         b Any related organization?       7       X         if "Yes" on line 6a or 6b, describe in Part III.       7<	4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regula		organization or a re	lated organization:				
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       X       6b       X         ff "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X       8       X	а	Receive a severance	e payment or change-of-control payment?		<u>4a</u>		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         c The organization?       7       X         b Any related organiza					4b		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a         a The organization?       5a         b Any related organization?       5b         If "Yes" on line 5a or 5b, describe in Part III.       5b         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	с				4c		X
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>X</li> </ul>		If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>X</li> </ul>		<b>.</b>					
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X	_						
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	5			n			
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	_	e e					v
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
<ul> <li>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8 X</li> </ul>	α				50		
contingent on the net earnings of:       6a       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	e			n			
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X	0						
<ul> <li>b Any related organization?</li> <li>If "Yes" on line 6a or 6b, describe in Part III.</li> <li>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8 X</li> </ul>	-	e e			62		x
If "Yes" on line 6a or 6b, describe in Part III.         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>8</li> </ul>	5						
not described on lines 5 and 6? If "Yes," describe in Part III7X8Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the1111111111111111111111	7			3			
8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•				7	Х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8						
	-	-			8		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9						
Regulations section 53.4958-6(c)?	_			<u></u>	9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2021	LHA				lule J (Forn	n 990	) 2021

132111 11-02-21

## Schedule J (Form 990) 2021 WILF AT HOME INC

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JEAN LEONE	(i)	27,599.	5,000.	0.	0.	618.	33,217.	0.	
EXECUTIVE DIRECTOR	(ii)	248,387.	45,000.	0.	0.	5,556.	298,943.	0.	
(2) ROBERT BARRY	(i)	0.	0.	0.	0.	0.	0.	0.	
CAMPUS PRESIDENT/CEO	(ii)	225,681.	50,000.	0.	0.	11,036.	286,717.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Page **2** 

47-1247182

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### PART I, LINE 7:

THE EXECUTIVE COMMITTEE ACTS AS THE COMPENSATION COMMITTEE. THE FINANCIAL

RESULTS OF WILF AT HOME AND CAMPUS ARE CONSIDERED WHEN DETERMINING THE

AMOUNT ALLOCATED FOR BONUSES. INDIVIDUAL BONUSES ARE BASED UPON THE MEETING

OF GOALS AND OBJECTIVES SET AT THE BEGINNING OF THE YEAR WHICH ARE APPROVED

BY THE BOARD. THE FOLLOWING INDIVIDUALS RECEIVED A BONUS AS PART OF THEIR

W-2 COMPENSATION:

JEAN LEONE, EXECUTIVE DIRECTOR - \$50,000

47-1247182

Page 3

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	2021 Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification numb
Ū.	WILF AT HOME INC	47-1247182
FORM 990, PAF	RT VI, SECTION A, LINE 6:	
THE OSCAR ANI	ELLA WILF CAMPUS FOR SENIOR LIVING, INC. IS	THE SOLE MEMBER
OF THE ORGANI	ZATION.	
FORM 990, PAF	RT VI, SECTION A, LINE 7A:	
THE PRESIDENT	OF THE MEMBER HAS THE RIGHT TO APPOINT MEMBE	ERS OF THE BOARD
OF TRUSTEES.		
FORM 990, PAF	RT VI, SECTION A, LINE 7B:	
THE MEMBER HA	AS BOARD AUTHORITY TO ACT ON BEHALF OF THE ORC	GANIZATION.
FORM 990, PAF	RT VI, SECTION B, LINE 11B:	
THE FORM 990	IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	1. ONCE THE DRAFT
990 IS REVIEW	ED AND APPROVED BY THE AUDIT COMMITTEE, EVERY	MEMBER OF THE
BOARD OF TRUS	TEES IS PROVIDED WITH THE 990 AT LEAST 7 DAYS	S PRIOR TO THE
BOARD MEETING	AT WHICH IT WILL BE REVIEWED AND CONSIDERED	FOR ACCEPTANCE.
AT THAT MEETI	NG, A FULL REVIEW AND DISCUSSION, INCLUDING F	RESPONDING TO ANY
QUESTIONS A 7	RUSTEE MAY ASK, TAKES PLACE. IF AND WHEN ALL	PARTICIPATING
TRUSTEES ARE	COMFORTABLE WITH AND UNDERSTAND THE CONTENT (	OF THE 990, THEY
	PASS A RESOLUTION TO ACCEPT AND FILE THE 990	
	RT VI, SECTION B, LINE 12C:	
ANNUALLY ALL	OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYE	SES RECEIVE A
CONFLICT OF 1	INTEREST POLICY TO BE REVIEWED AND RETURNED BY	JANUARY 31ST.
THE PRESIDENT	OF THE BOARD AND CFO REVIEW AND BRING ANY CO	ONFLICTS TO THE
EXECUTIVE COM	MITTEE FOR CONSIDERATION. THE EXECUTIVE COMMI	ITTEE REVIEWS ALL
HA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2

14100720 131839 097-102471

132211 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>							
Name of the organization WILF AT HOME INC	Employer identification number 47-1247182							
DISCLOSED CONFLICTS, MAKES A DETERMINATION AS TO THE POTENTIAL SIGNIFICANCE								
OF EACH CONFLICT, AND IF NECESSARY MAKES THE DECISION OF H	OW TO NEGATE EACH							
CONFLICT. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT	THE GOVERNING							
BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE	/SHE SHALL LEAVE							
THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE	TRANSACTION OR							
ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. T	HE CHAIRPERSON OF							
THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, AP	POINT A							
DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATI	VES TO THE							
PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE	DILIGENCE, THE							
GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE O	RGANIZATION CAN							
OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSAC	TION OR							
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RI	SE TO A CONFLICT							
OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGE	MENT IS NOT							
REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CO	NFLICT OF							
INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE	BY A MAJORITY							
VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTIO	N OR ARRANGEMENT							
IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFI	T, AND WHETHER IT							
IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL								
MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACT	ION OR							
ARRANGEMENT.								
FORM 990, PART VI, SECTION B, LINE 15:								

ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION PACKAGE FOR THE

CEO, CAO AND THE EXECUTIVE DIRECTORS FOR EACH ENTITY BASED UPON

COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE POSITIONS.

ALSO THE PROFESSIONAL SERVICE AGREEMENT FOR THE CONSULTING CFO IS REVIEWED

AND RENEWED ANNUALLY BASED UPON COMPARABLE DIRECTOR OF FINANCE SALARIES.

 THIS PROCESS IS DOCUMENTED TIMELY. THE PROCESS WAS LAST DONE IN NOVEMBER

 132212 11-11-21
 Schedule O (Form 990) 2021

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 $14100720 \ 131839 \ 097-102471$ 

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
WILF AT HOME INC	47-1247182

2021 FOR COMPENSATION ADJUSTMENTS EFFECTIVE ON JANUARY 1, 2022 AND BONUSES

FOR 2021.

FORM 990, PART VI, SECTION C, LINE 19:

### THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN

### REQUEST TO THE ORGANIZATION'S ADDRESS.

Schedule O (Form 990) 2021

37 2021.04000 WILF AT HOME INC

132212 11-11-21

SCHEDULE R		Related Organizatio	ons and Unrelated Pa	rtnerships			0	MB No. 154	5-0047
(Form 990)	Comp	lete if the organization answer		line 33, 34, 35b, 3	6, or 37.			202	21
Department of the Treasury Internal Revenue Service		-	Attach to Form 990.				C	pen to P	
Internal Revenue Service Name of the organizati	ion	Go to www.irs.gov/Form9	90 for instructions and the late	st information.			Employer identif	Inspection	
	WILF AT HOME I	INC					47-1247		umber
Part I Identificati	ion of Disregarded Entities. Comple	te if the organization answered "`	Yes" on Form 990, Part IV, line 3	3.					
	(a)	(b)	(c)	(d)		(e)		(f)	
Name, add	ress, and EIN (if applicable)	Primary activity	Legal domicile (state o	or Total inco	me End-of-	year asse	ts Direct of	controlling	g
of	disregarded entity		foreign country)				e	ntity	
	ion of Related Tax-Exempt Organiza	tions. Complete if the organizat	tion answered "Yes" on Form 990	0, Part IV, line 34, I	because it had	one or mo	ore related tax-exe	mpt	
organization	ns during the tax year.	-						_	
	(a)	(b)	(c)	(d)	(e)		(f)	(	<b>g)</b> 512(b)(13)
Nam	ne, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	le Public charity		irect controlling		512(b)(13) trolled
of r	related organization		foreign country)	section	status (if sect	tion	entity		tity?
					501(c)(3))			Yes	No
FOUNDATION OF THE	E OSCAR AND ELLA WILF CAMPUS					THE	OSCAR AND		
FOR SENIOR LIVING	G - 22-2884954, 350 DEMOTT					ELLA	WILF CAMPUS		
LANE, SOMERSET, N	IJ 08873	ELDERLY CARE	NEW JERSEY	501(C)(3)	LINE 7	FOR	SENIOR LIVING		х
THE LENA AND DAVI	D T. WILENTZ SENIOR					THE	OSCAR AND		
RESIDENCEC - 22-2	289444, 350 DEMOTT LANE,					ELLA	WILF CAMPUS		
SOMERSET, NJ 088	373	ELDERLY HOUSING	NEW JERSEY	501(C)(3)	LINE 10	FOR	SENIOR LIVING		х
THE MARTIN AND ED	OITH STEIN ASSISTED LIVING					THE	OSCAR AND		
RESIDENCE - 22-37	00189, 350 DEMOTT LANE,	]				ELLA	WILF CAMPUS		
SOMERSET, NJ 088	373	ELDERLY CARE	NEW JERSEY	501(C)(3)	LINE 10	FOR	SENIOR LIVING		Х
THE MARTIN AND ED	OITH STEIN HOSPICE -					THE	OSCAR AND		
20-2277539, 49 VE	RONICA AVENUE, SOMERSET, NJ					ELLA	WILF CAMPUS		
08873	· · · · · · · · · · · · · · · · · · ·	HOSPICE	NEW JERSEY	501(C)(3)	LINE 7	FOR	SENIOR LIVING		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

# Schedule R (Form 990) WILF AT HOME INC

# Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section S contr organiz	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
THE JEWISH HOME AND HEALTHCARE CENTER, INC.					THE OSCAR AND		
- 22-6083380, 350 DEMOTT LANE, SOMERSET, NJ					ELLA WILF CAMPUS		
08873	ELDERLY CARE	NEW JERSEY	501(C)(3)	LINE 10	FOR SENIOR LIVING		х
THE OSCAR AND ELLA WILF CAMPUS FOR SENIOR					THE OSCAR AND		
LIVING - 52-1624834, 350 DEMOTT LANE,					ELLA WILF CAMPUS		
SOMERSET, NJ 08873	ELDERLY CARE	NEW JERSEY	501(C)(3)	LINE 10	FOR SENIOR LIVING		х
WILF TRANSPORT - 45-2485684					THE OSCAR AND		
350 DEMOTT LANE					ELLA WILF CAMPUS		
SOMERSET, NJ 08873	TRANSPORTATION	NEW JERSEY	501(C)(3)	LINE 10	FOR SENIOR LIVING		х
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# Schedule R (Form 990) 2021 WILF AT HOME INC

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a pai		, your.	1	1		r			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	manag partne	or Percentage <sup>ng</sup> ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		country)						Yes	No
	•								
									<u> </u>

# Schedule R (Form 990) 2021 WILF AT HOME INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	-	X	
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			+
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			+
n Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)		X	-
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	X	
Reimbursement paid by related organization(s) for expenses		X	-
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
FOUNDATION FOR THE OSCAR AND ELLA WILF			
(1) CAMPUS FOR SENIOR LIVING	C	227,236.	COST
(2)			
(3)			
(4)			
(5)			
_(6)			

# Schedule R (Form 990) 2021 WILF AT HOME INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

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	Provide additional information for r		tions on Schedule B. See instri	uctions		