TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

HOME WORKS - THVP 5501 DELMAR BLVD A530 SAINT LOUIS, MO 63112

PREPARED BY:

WILHELM & WILHELM, LLC 7777 BONHOMME AVE., #2001 ST. LOUIS, MO 63105-1946

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here ▶ b Balance due (Form 8868, line 3c) 5b 6a Form 4720 check here ▶ b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1) 6b 9a Form 5330 check here ▶ b Total tax (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here ▶ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an exchowledge and belief, they are true, correct, and complete. I uthrorize that the amount in Part I above is the amount shown on the copy of the electronic return or refund, and (c) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to HiRS and to receive from the IRS (a) an electronic funds withdrawal (direct deb (reant dease) for ease or for					OMB No. 1545-0047
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I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Provider		e WILHELM & WILHELM, LLC ERO firm name Inature on the tax year 2021 electronically filed return. If I have indicated within the tate agency(ies) regulating charities as part of the IRS Fed/State program, I also au- turn's disclosure consent screen. Incer or person subject to tax with respect to the entity, I will enter my PIN as my s I have indicated within this return that a copy of the return is being filed with a star State program, I will enter my PIN on the return's disclosure consent screen. Inter your six-digit electronic filing identification wed by your five-digit self-selected PIN. 4348	is return that a co ithorize the aforem ignature on the ta: ate agency(ies) reg 38671013	py of the retu tentioned ER x year 2021 e ulating charit	88-353-4537 no g of the electronic e selected a hdrawal. 45723 Enter five numbers, but do not enter all zeros urn is being filed RO to enter my PIN electronically filed
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Do Not Submit This Form to the IRS Unless Requested To Do So		e WILHELM & WILHELM, LLC ER0 firm name Inature on the tax year 2021 electronically filed return. If I have indicated within the tate agency(ies) regulating charities as part of the IRS Fed/State program, I also au- turn's disclosure consent screen. A cer or person subject to tax with respect to the entity, I will enter my PIN as my s I have indicated within this return that a copy of the return is being filed with a star State program, I will enter my PIN on the return's disclosure consent screen. I con subject to tax Trification and Authentication Enter your six-digit electronic filing identification wed by your five-digit self-selected PIN. Do no ove numeric entry is my PIN, which is my signature on the 2021 electronically filed rm in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In Mathematica.	ais return that a co othorize the aforem ignature on the ta ate agency(ies) reg 38671013 t enter all zeros d return indicated a formation for Auth Date ►	py of the retunentioned ER x year 2021 e ulating charit Date	88-353-4537 no ig of the electronic e selected a hdrawal. 45723 Enter five numbers, but do not enter all zeros urn is being filed RO to enter my PIN electronically filed ties as part of the firm that I am e-file Providers for
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.		e WILHELM & WILHELM, LLC ERO firm name Inature on the tax year 2021 electronically filed return. If I have indicated within the tate agency(ies) regulating charities as part of the IRS Fed/State program, I also au- turn's disclosure consent screen. Icer or person subject to tax with respect to the entity, I will enter my PIN as my s I have indicated within this return that a copy of the return is being filed with a star State program, I will enter my PIN on the return's disclosure consent screen. Ison subject to tax Mathematication and Authentication Enter your six-digit electronic filing identification wed by your five-digit self-selected PIN. Do no ove numeric entry is my PIN, which is my signature on the 2021 electronically filed rm in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In Mathematication This Form - See Instruct ERO Must Retain This Form - See Instruct	his return that a co ithorize the aforem ignature on the ta: ate agency(ies) reg 38671013 t enter all zeros d return indicated a iformation for Author Date tions	py of the retu nentioned ER x year 2021 e ulating charit Date above. I conf norized IRS e 04/25/2023	88-353-4537 no ig of the electronic e selected a hdrawal. 45723 Enter five numbers, but do not enter all zeros urn is being filed RO to enter my PIN electronically filed ties as part of the firm that I am e-file Providers for

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o				Taxpayer identification number (TIN)		
Print HOME WORKS - THVP				45-4572322		
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, so 5501 DELMAR BLVD A530	ee instruct	ions.			
return. See instructions. SAINT LOUIS, MO 63112						
Enter t	he Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) THE CHARITY CFC	07				
 If th If th box 1 t t t 	request an automatic 6-month extension of time until	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all memb	r the whole (ers the exter npt organizat	group, check this nsion is for.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b l	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
<u>e</u>	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
	Salance due. Subtract line 3b from line 3a. Include your pa					•
<u> </u>	ising EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	9-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO MAY 15, 2023								
Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)								
		••	Do not enter social security numbers on this form as it may	• •	Open to Public			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
AF	or th	e 2021 calenda		JUN 30, 2022				
	Check if applicab	C Name of	organization	D Employer identified	cation number			
	Address HOME WORKS – THVP							
	Name Chan	ge Doing bu	usiness as	45-45723	22			
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/suit DELMAR BLVD A530	e E Telephone numbe 314-325-				
	⊥returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	841,072.			
	Amer	ded CATN	T LOUIS, MO 63112	H(a) Is this a group re				
	Appli tion		nd address of principal officer: COLLEEN POLAK	for subordinates				
	pend		DELMAR BLVD, SUITE A530, ST LOUIS, MO	H(b) Are all subordinates ir	icluded? Yes No			
11	Fax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 52		list. See instructions			
			HERHOMEVISIT.ORG	H(c) Group exemptio				
KF	orm o	f organization:	X Corporation	r of formation: 2012	A State of legal domicile: MO			
Pa	art I	Summary						
	1	Briefly describ	e the organization's mission or most significant activities: HOME WORK	S! THE TEACH	ER HOME			
Governance		VISIT P	ROGRAM PARTNERS FAMILIES AND TEACHERS F	OR CHILDREN'	S SUCCESS.			
rna	2	Check this box b if the organization discontinued its operations or disposed of more than 25% of its net assets.						
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		13			
	4		ependent voting members of the governing body (Part VI, line 1b)		13			
ŝ	5		of individuals employed in calendar year 2021 (Part V, line 2a)		16			
Viti	6	Total number	of volunteers (estimate if necessary)	6	0			
Activities &			d business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year			
e	8		and grants (Part VIII, line 1h)	978,363.	841,018.			
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0. 54.			
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	148.				
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,072.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14	•	o or for members (Part IX, column (A), line 4)	411,374.	603,186.			
Expenses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	005,180.			
enŝ	10a		undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 227,318 .	0.	0•			
Ä	17		ng expenses (Part IX, column (D), line 25) 227,318.	313,648.	405,122.			
_			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	725,022.	1,008,308.			
	18 19		expenses. Subtract line 18 from line 12	253,489.	-167,236.			
- K		Revenue less	•	Beginning of Current Year	End of Year			
Net Assets or	20	Total assets (F		902,339.	684,377.			
Asse	20		(Part X, line 26)	149,358.	98,632.			
Net ,	22		fund balances. Subtract line 21 from line 20	752,981.	585,745.			
	art II			,	,			
		_	declare that I have examined this return, including accompanying schedules and stater	nents, and to the best of my	knowledge and belief. it is			
			Declaration of preparer (other than officer) is based on all information of which prepare					
	,							

Sign	Signature of officer	Date							
Here	COLLEEN POLAK, CHIEF EXECUTIVE OFFICER								
	Type or print name and title								
	Print/Type preparer's name Preparer's signation of the second sec								
Paid	CAROLYN R. BIAGI (44/25/	2023 self-employed P01585621							
Preparer	Firm's name 🕨 WILHELM & WILHELM, LLC	Firm's EIN 🕨 43-1870213							
Use Only	Firm's address 7777 BONHOMME AVE., #2001								
	ST. LOUIS, MO 63105-1946	Phone no. (314) 727-1155							
May the I	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	1990 (2021) HOME WORKS – THVP	45-4572322	Page 2
Pa	rt 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:		
•	HOME WORKS! WE PARTNER WITH UNDERSERVED SCHOOLS TO BUILD	THETR	
	CAPACITY TO ENGAGE FAMILIES AND COMMUNITIES FOR STUDENT S		
	CAPACITI TO ENGAGE FAMILIES AND COMMONITIES FOR STUDENT	JUCCE22.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s I No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		S X No
U			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$672,009. including grants of \$) (Revenue (Revenu (Revenue (Revenu (Revenue (Revenue (Revenu (Revenue (Revenue	ue \$)
	TRAINS, SUPPORTS AND HELPS PAY TEACHERS IN LOW PERFORMING	3 SCHOOLS TO)
	MAKE HOME VISITS TO EQUIP PARENTS/GUARDIANS WITH THE TOOI		
	KNOWLEDGE AND CONFIDENCE TO CREATE ACADEMIC-RICH HOMES AN		מי
	IN THEIR CHILDREN'S EDUCATION. THE GOALS ARE TO IMPROVE		שנ
		ACADEMIC	
	ACHIEVEMENT, ATTENDANCE AND BEHAVIOR.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$)
4.			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	.e \$)
4 d	Other program services (Describe on Schedule O.)		
Ψu		١	
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 672,009.))	
40	Total program service expenses 672,009.	-	

Form	aan	(2021)
FUIII	330	120211

Form 990 (2021) HOME WORKS - THVP
Part 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	X	
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> </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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	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			
	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, VII, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х

Form 990 (2021)

Form	990	(2021)
	330	(2021)

 Form 990 (2021)
 HOME WORKS - THVP

 Part 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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% controlled			
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	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			
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of eaction 512/b)(12)2 ((1)(a) and (a) b a controlled entity (1)(a) and (a) b a controlled entity (1)(a) and (1)	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30	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?			_ <u>_</u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the experimentary comply with backup with balding video for reportable payments to yandary and reportable coming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2021) HOME WORKS - THVP 45-4572	322	P	_{age} 5
Par				<u>ago</u>
			Yes	No
2a	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 2a 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?	60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2021) HOME WORKS - THVP		45-4572	322	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	13			
	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.		1.2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			37
_	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7-		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			7a		
b				76		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		<u></u>
8				8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			oa 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00	- 23	
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			5		
	This Section B requests mornation about policies not required by the internal Her	<u>enue</u>	Coue.)		Yes	No
10a	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 cha					
-				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		0			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangem	ient w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
0	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-1 (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain			c.		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest policy, and	tinano	cial	
20	statements available to the public during the tax year.	ko ere				
20	State the name, address, and telephone number of the person who possesses the organization's boo THE CHARITY CFO LLC - $314-390-0220$	ks and				
	1310 PAPIN ST, SUITE 300, ST. LOUIS, MO 63103					
	TOTO THE DI, DOLLE DOU, DI. HOULD, MO 00100			Гания	990	(0001)

Form 990 (2		45-4572322	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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 Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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.

X 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	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	idual t	Institutional trustee	5	m plo	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) LATASHUIA BROWNING	1.00									
BOARD CHAIR		X		X				0.	0.	0.
(2) SUSAN STITH	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(3) HARRIET BLICKENSTAFF	1.00									
BOARD MEMBER		х		x				0.	Ο.	0.
(4) KAREN EVANS	1.00									
BOARD MEMBER		х		x				0.	Ο.	0.
(5) LISA HUCK	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(6) DR. KELVIN ADAMS	1.00									
BOARD MEMBER		х						0.	Ο.	0.
(7) CONSTANCE TAYLOR	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) CHRISTOPHER BEDELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MELISSA GARCIA	1.00									
SECRETARY		Х						0.	0.	0.
(10) THOMAS WALKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JEFF BATES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) CHRIS NICASTRO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WADE RAKES	1.00									
BOARD MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		s (continued)				
(A)	. ,								(E)			(F)	
Name and title	Average hours per		not c	heck	more	than c		Reportable	Reportable			timate	
	week					s both r/trus		compensation from	compensatio from related			ount o other	or
	(list any	ctor						the	organization			pensa	tion
	hours for	or dire	a			ted		organization	(W-2/1099-MIS		fr	om the	е
	related organizations	istee (truste		a	pensa		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	below	ual tru	tional		ploye	t com /ee		1099-NEC)				d relati nizatio	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	inzan	0113
		_			×		-						
										_			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			
compensation from the organization													0
										Г		Yes	No
3 Did the organization list any former officer,										- 1	•		х
line 1a? If "Yes," complete Schedule J for s										····	3		<u> </u>
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										- 1	4		х
5 Did any person listed on line 1a receive or a			•							·····			
rendered to the organization? If "Yes," com										- 1	5		Х
Section B. Independent Contractors		2010	<u> </u>		20/0							1	
1 Complete this table for your five highest co	mpensated ind	lepei	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	pensati	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)		~	(C		
Name and business	address	NC	ONE	6				Description of s	ervices	C	omper	nsatio	n
							_						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•				0			,					

Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a respons	e or note to any line		(5)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included	1b 1c 1d ibutions) grants, and labove 1f	81,024. 759,994.				
a S	h	Total. Add lines 1a-1f		►	841,018.			
				Business Code				
Program Service Revenue	2 a b d e f g	All other program service						
	3	Investment income (includ						
	4 5	other similar amounts) Income from investment of Royalties	of tax-exempt bond	l proceeds ►	54.			54.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c	(ii) Personal				
aut	d 7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 7a 7b	s (ii) Other				
evenue	с	Gain or (loss)	7c					
Other Re	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng events (not of line 1c). See	► 3a 3b				
	с	Net income or (loss) from	fundraising events	• •				
	9 a	Gross income from gamin Part IV, line 19 Less: direct expenses	ng activities. See	9a 9b				
		Net income or (loss) from						
	10 a	Gross sales of inventory, I and allowances Less: cost of goods sold	less returns					
	с	Net income or (loss) from	sales of inventory					
Miscellaneous Revenue	11 a b c d							
2		Total. Add lines 11a-11d						
		Total revenue. See instruction			841,072.	0.	0.	54.

HOME WORKS - THVP

Form 990 (2021)

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
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	551,770.	357,986.	33,821.	159,963.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	51,416.	32,755.	3,500.	15,161.
11	Fees for services (nonemployees):				
а	Management	30,003.	9,121.	809.	20,073.
b	Legal				
с	Accounting	43,219.		43,219.	
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.)	F 0.42	1 200	602	2 0 4 4
12	Advertising and promotion	5,043.	1,376.	623.	3,044. 9,152.
13	Office expenses	46,748.	20,267.	17,329.	
14	Information technology	26,930.	23,707.	481.	2,742.
15	Royalties	12 015	7 516	789.	1 710
16	Occupancy	<u>13,015.</u> 3,291.	7,516. 3,285.	6.	4,710.
17	Travel	5,291.	5,205.	0.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10					
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	3,076.	3,076.		
23	Insurance	18,874.	12,245.	1,157.	5,472.
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.)				
а	PTLT MEETING	81,100.	81,100.		
b	EVALUATIONS	40,776.	40,776.		
с	LEARNING SUPPLIES	34,907.	34,907.		
d	VISIT REIMBURSEMENTS	33,028.	33,028.		
е	All other expenses	25,112.	10,864.	7,247.	7,001.
25	Total functional expenses. Add lines 1 through 24e	1,008,308.	672,009.	108,981.	227,318.
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 Figure if following SOP 98-2 (ASC 958-720)				

HOME WORKS - THVP

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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C.	WORKS	_	THVP	
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		Check if Schedule O contains a response or no	te to any	line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			713,983.	1	547,927.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			109,232.	3	58,938.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				10,144.	9	13,101.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	78,174. 15,210.			
	b	Less: accumulated depreciation		15,210.	64,851.	10c	62,964.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,129.	15	1,447.	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33	3)	902,339.	16	684,377.
	17	Accounts payable and accrued expenses		68,334.	17	98,632.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or for	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
labi		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrel	ated third	l parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties	81,024.	24	0.
	25	Other liabilities (including federal income tax, page	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D		····· -	444 959	25	
	26	Total liabilities. Add lines 17 through 25			149,358.	26	98,632.
		Organizations that follow FASB ASC 958, ch	eck here				
čě		and complete lines 27, 28, 32, and 33.			COC 050		101 110
Ilan	27			······ _	636,059.	27	421,449.
Ba	28			····· _	116,922.	28	164,296.
nnc		Organizations that do not follow FASB ASC 9	958, cheo	k here ▶ 🛄			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		······ -		29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
ťÅ	31	Retained earnings, endowment, accumulated in				31	
Re	32	Total net assets or fund balances		······ -	752,981.	32	585,745.
	33	Total liabilities and net assets/fund balances			902,339.	33	684,377.

684,377. Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

	HOME	WOI
e Shee	t	

Form	1990 (2021) HOME WORKS - THVP	45-45	72322	Pad	_{ge} 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	841	L,0'	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,008	3,3	08.
3	Revenue less expenses. Subtract line 2 from line 1	3	-167	7,2	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	752	2,9	81.
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	585	5,7	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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:				
	X Separate basis 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			
	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 required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047
2021
Open to Public Inspection

Nan	ne of t	the organization							identification number
Do	-		<u>WORKS - T</u>						5-4572322
	rt I	Reason for Public (ee instruction	IS.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch				n 170(b)(1	1)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative					-		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior	n about the supporte	ed organization(s).					
	(Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota	al								
								0.1	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	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	Total. Add lines 1 through 3						
5	The portion of total contributions						
5	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		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th	-				501(c)(3)	
	organization, check this box and stop	here			•		
Sec	ction C. Computation of Public	c Support Per	centage				·
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					ore, check this bo	
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2020. If the c		-				······································
~	and stop here. The organization quali						
179	10% -facts-and-circumstances test					and line 14 is 10%	
a	and if the organization meets the facts						
	-			-	-		
Ŀ	meets the facts-and-circumstances test	-			•	170 and line 15 in	► 🗆
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n aid not check a	box on line 13, 16	a, 16b, 1/a, or 17	d, check this box a	ana see instructions	S ▶∟

Schedule A (Form 990) 2021

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to gualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 857,091 723,912. 926,424. 897,063. 759,994. 4164484. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 723,912. 926,424. 897,063. 759,994. 857,091. 4164484. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 4164484. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 9 Amounts from line 6 857,091. 723,912. 926,424. 897,063. 759,994. 4164484. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 400. 406. 344. 148. 54. 1,352. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 400. 406. 344. 148. 54. 1,352. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 724,318. 926,768. 897,211. 4165836. 857,491. 760,048. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 99.97 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.96 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .03 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f) 17 % .04 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Part IV	Supporting Organ	izations (continued)	

2

No Yes

			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		
b	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			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported 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,

supervised	d. or controli	led the suppo	orting organiz	ation.
Section C. T	ype II Su	pporting C	Drganizati	ons

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

Sec	ation D. All Type in Supporting Organizations
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 p
	ware (ii) a capy of the Form 900 that was most recently filed as of the data of patification, and (iii) capies of

	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 Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	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		
	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	

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	1
Sect	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		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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

Schedule A (Form 990) 2021

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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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		edule A													
	Pa	rt V	ן ד	ype		Non-	-Fu	nctio	onall	ly In	teg	rate	ed	509)(a
	Section D - Distributions					ns									
	_1	Amo	unts	paid	to s	suppo	orted	orga	nizatio	ons t	o aco	com	olisł	ı ex	en
2 Amounts paid to perform activity t					tivity that directly furthers exemp					pt					
		orgar	nizat	ions,	in e	excess	s of i	ncom	e fror	n act	ivity				
	~	A								a se E a I					

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Par		a)(3) Supporting Orga	nizations (continu	ed)	<u></u>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			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	es 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 the	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	Γ		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(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.				
4	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.				
6	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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	HOME	WORKS	_	THVP				45-457232	2 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6 3; Part IV, S	6, 9a lecti	a, 9b, 9c, 11a ion E, lines 1	a, 11b, ar c, 2a, 2b	nd 11c; Part I o, 3a, and 3b;	IV, Section B, lir Part V, line 1; F	nes 1 and 2; Part IV, Sect Part V, Section B, line 1e;	ion C,
	(See instructions.)	o, anu fan		=, III	165 2, 5, and	0. AISU (s part for any au	utional information.	

201		Supplement	al Financial Stateme	nts		OMB No. 1545-0047		
			anization answered "Yes" on Form			2021		
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, c			Open to Public		
	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest inf	ormation.		Inspection		
-						identification number		
HOME WORKS - THVP 45-4								
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	(a) Donor advised funds (b) Funds and other accounts							
1	Total number at er							
2								
3		f contributions to (during year) f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in v		dvised fund	s			
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No		
6	•	on inform all grantees, donors, and donor a	0 0		-			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purp	ose conferri	ng			
Dec		ate benefit?				Yes No		
Par		ation Easements. Complete if the org		90, Part IV,	line 7.			
1		servation easements held by the organization	· · · · ·					
		of land for public use (for example, recrea			• •	tant land area		
		f natural habitat n of open space		n of a certif	ied historic	structure		
2		through 2d if the organization held a qualif	ied conservation contribution in the f	orm of a cor	servation e	asement on the last		
2	day of the tax year	.				at the End of the Tax Year		
а		onservation easements			2a			
b					2b			
с	•	vation easements on a certified historic stru			2c			
d		vation easements included in (c) acquired a						
	listed in the Natior	nal Register			2d			
3		vation easements modified, transferred, rel			zation during	g the tax		
	year 🕨							
4		where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·					
5		tion have a written policy regarding the per						
-	,	orcement of the conservation easements it						
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing	conservatio	n easements	s during the year		
7			lling of violations, and onforcing cons	mustion and	amanta dur	ing the year		
7	► \$	es incurred in monitoring, inspecting, hanc	ling of violations, and enforcing consi	ervation eas	ements dur	ng the year		
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section :	170(h)(4)(B)(i)			
Ũ)(4)(B)(ii)?				Yes No		
9		be how the organization reports conservation						
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial sta	tements tha	t describes	the		
		ounting for conservation easements.						
Par		ations Maintaining Collections of		Other Si	milar Ass	sets.		
		f the organization answered "Yes" on Form						
1a		elected, as permitted under FASB ASC 95				orks		
		easures, or other similar assets held for put			ce of public			
-		Part XIII the text of the footnote to its finar			-h	6		
b		elected, as permitted under FASB ASC 95						
		sures, or other similar assets held for public	exhibition, education, or research in	iurtherance	or public se	TVICE,		
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1							
					—			
2	.,	received or held works of art, historical tre						
~		unts required to be reported under FASB A		ioiai gairi, p				
а	-	on Form 990, Part VIII, line 1	-		▶ \$			
		Form 990, Part X			· ·			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Sche		RKS - THVP				45-45		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simi	ar Assets	(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significar	nt use of its		
	collection items (check all that apply):							
а	Public exhibition	c	I 🗌 Loan or ex	change program				
b	Scholarly research	e	e 🗌 Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's exe	empt pur	oose in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	asures, or other simila	ar assets		_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	n Form 9	90, Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
	Beginning balance					;		
	Additions during the year							
е	Distributions during the year							
f	Ending balance						7	
	Did the organization include an amount on F				• • • •		Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							
I ai	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back		e years back		years back
4.		(a) Current year	(b) FIIOI year	(C) TWO years back	(u) me	e years back		/cais back
1a	Beginning of year balance							
b	Contributions							
C h	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
f	and programs							
	Administrative expenses End of year balance							
g 2	End of year balance Provide the estimated percentage of the curr		l e (line 1 a. column (:	a)) held as:				
ے a	Board designated or quasi-endowment	•						
b	Permanent endowment							
		<u> </u>						
Ū	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		ation that are held a	and administered for	the organ	ization		
	by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or o basis (investr	• • •		Accumul		(d) Book	value
1a	Land			. ,	·			
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		174.		15,	210.	62	,964.
	. Add lines 1a through 1e. (Column (d) must e			10c.)		🕨		,964.

Schedule D (Form 990) 2021

Schedule D (F	orm 990)	2021	HOME	WORKS	-	THVP

(a) Description	1 Of SECURITY OF CATEGORY (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
		(b) Dook value		d of year market value
) Financial d	al a such a balance at a			
	d equity interests			
Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	aust aqual Form 000, Dart V, asl. (D) line 10.)			
Part VIII Ir	nust equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related. omplete if the organization answered "Yes"	on Form 000, Dart IV line	110 See Form 000 Dert V line 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
			(c) method of valuation. Cost of el	a orycar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(-)				
(8)				
(9)				
(9) otal. (Col. (b) n	nust equal Form 990, Part X, col. (B) line 13.)			
(9) otal. (Col. (b) n Part IX O	other Assets.		11d. Cap Form 000. Dart V. line 15	
(9) otal. (Col. (b) n Part IX O	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(9) otal. (Col. (b) n Part IX O C	omplete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) ptal. (Col. (b) n Part IX 0 C (1)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) ptal. (Col. (b) n Part IX O C (1) (2)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) part IX O C (1) (2) (3)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) ptal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Dtal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) ptal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) Part IX O C (1) (2) (3) (4) (5) (6) (7) (8)	omplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(9) ptal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9)	omplete if the organization answered "Yes" (a)	Description		(b) Book value
(9) ptal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) Dtal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O	ther Assets. omplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities.	Description		
(9) ptal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column Part X O	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes"	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O	ther Assets. omplete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities.	Description		
(9) tal. (Col. (b) n C C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O C	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. omplete if the organization answered "Yes"	Description		
(9) tal. (Col. (b) n Part IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Part X C	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O C (1) Federa	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O C (1) Federa (2)	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X O C (1) Federa (2) (3)	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X O C (1) Federa (2) (3) (4) (5)	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X O C (1) Federa (2) (3) (4) (5) (6)	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		
(9) tal. (Col. (b) n Part IX O C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X O C (1) Federa (2) (3) (4) (5)	omplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) omplete if the organization answered "Yes" (a) Description of liability	Description		

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 HOME WORKS - THVP			45-4	4572322 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With F	Revenue per Re	turn.	5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	851,518.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	10,446.		
с	Recoveries of prior year grants	2c			
d		1 1			
е	Add lines 2a through 2d			2e	<u>10,446.</u> 841,072.
3	Subtract line 2e from line 1			3	841,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	841,072.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · ·	
1	Total expenses and losses per audited financial statements			1	1,018,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,446.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,446.
3	Subtract line 2e from line 1			3	1,008,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,008,308.
Pa	rt 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.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45 - 4572322

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ITS BOARD VIA EMAIL AND

THE BOARD APPROVES BEFORE FILING OF THE RETURN.

HOME WORKS - THVP

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO REVIEW AND FILL IN THE CONFLICT OF

INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS CONDUCTED A MARKET ANALYSIS THROUGH ONLINE SALARY

AND JOB POSTING SITES FOR THE CEO POSITION AND THE CEO DOES THE SAME FOR

ALL OTHER POSITIONS.

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

THE WEBSITE WILL INCLUDE A COPY OF THE FORM 990 AND A STATEMENT THAT OTHER

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XLL, LINE 2C

THE FINANCE COMMITTEE REVIEWS THE AUDIT AND MAKES A RECOMMENDATION FOR

APPROVAL TO THE BOARD. THE FULL BOARD APPROVES THE AUDIT.