** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2019 calendar year, or tax year beginning	and	ending	_									
В	Check if applicable	C Name of organization			D Employer identif	ication number								
Г	Addre	wells of life, inc.												
F	Name chang				45-1496631									
F	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numbe	er								
Ē	Final return		,	300	855-935-5763									
	termir	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,520,359.								
	Amen return				H(a) Is this a group									
	Application	F Name and address of principal officer: NICHO	DLAS P. JORDAN		for subordinate									
	pendi	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No								
T	Tax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach a	a list. (see instructions)								
J	Websi	e: > WWW.WELLSOFLIFE.ORG			H(c) Group exemption	on number								
K	Form of	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 2011	M State of legal domicile: CA								
P	art I	Summary												
Ð	1	Briefly describe the organization's mission or most	significant activities: WELLS	OF LIFE	IS A NON-PROFIT									
auc		CHRISTIAN WATER DEVELOPMENT ORGANIZAT	ON WORKING IN RURAL UG	ANDA.										
Governance	2	Check this box 🕨 📖 if the organization disco	neck this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ŏ		Number of voting members of the governing body			3	5								
		Number of independent voting members of the go												
ies		Total number of individuals employed in calendar y				3								
Activities &		Total number of volunteers (estimate if necessary)				25								
Ąci		Total unrelated business revenue from Part VIII, co				+								
	b	Net unrelated business taxable income from Form	990-T, line 39		•	 								
	1_			_	Prior Year	Current Year								
ne		Contributions and grants (Part VIII, line 1h)			1,333,513	 								
Revenue		Program service revenue (Part VIII, line 2g)			0.	<u> </u>								
Be		Investment income (Part VIII, column (A), lines 3, 4			184	. 164.								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			-199,941	<u> </u>								
		Total revenue - add lines 8 through 11 (must equal			1,133,756	1,466,349.								
		Grants and similar amounts paid (Part IX, column (0.										
	1	Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (155,101.	. 222,714.								
Expenses	162	Professional fundraising fees (Part IX, column (A),			0.	0.								
pen	h	Total fundraising expenses (Part IX, column (D), lin												
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d			931,147	1,268,292.								
		Total expenses. Add lines 13-17 (must equal Part I			1,086,554.	 								
		Revenue less expenses. Subtract line 18 from line			47,202									
Or Sec	3	······································		Ве	eginning of Current Year									
sets	20	Total assets (Part X, line 16)			556,415.	531,824.								
ASS	21	Total liabilities (Part X, line 26)			0 .	. 66.								
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		556,415.	531,758.								
	art II	Signature Block												
Und	der pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of n	ny knowledge and belief, it is								
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge.									
Sig	ın	Signature of officer			Date									
He	re	PETER CALLAHAN, PRESIDENT												
_		Type or print name and title		-	Doto I I	I DTIN								
p		Print/Type preparer's name	Preparer's signature		Date Check [PTIN								
Pai		BRIAN YACKER			"self-employed P00401346									
	parer	Firm's name YH ADVISORS, INC.	100		Firm's EIN ▶	Firm's EIN 45-3269313								
US	Only	Firm's address 5882 BOLSA AVENUE, SUITE			Db 24/	1 001 1002								
-	41- **	HUNTINGTON BEACH, CA 926			Phone no.310	0-982-2803								
ıvla	v tne li	RS discuss this return with the preparer shown abo	ove ((see instructions)			X Yes No								

4e

1,119,210.

Total program service expenses

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Form 990 (2019) WELLS OF LIFE, INC 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		х
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		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	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	v	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	Х	
D	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	х	
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		Х
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		х
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	17		х
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	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) WELLS OF LIFE, INC. 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		103	140				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х				
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	х					
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		Х				
b	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						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV							
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		х				
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21					
30	contributions? If "Yes," complete Schedule M	30		х				
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							
<u></u>	Schedule N, Part II	32		х				
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		Х				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		х				
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
	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 section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		Х				
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							
38								
Da	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х					
Pa								
	Check if Schedule O contains a response or note to any line in this Part V			Щ.				
	Establishan and the Barro of Establish Barro of Est		Yes	No				
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14							
b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	x					

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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 3			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- -		v
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.) Continue 1007(-)(4) many average about the latter transfer of the properties of the	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa		
h	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		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		х
	If "Yes," see 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		Х
	If "Yes," complete Form 4720, Schedule O.			
		Eor.	aan	(2010)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	5		
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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 to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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 independent			
	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NICHOLAS JORDAN - 855-935-5763			
	200 SPECTRUM CENTER DRIVE, SUITE 300, IRVINE, CA 92618			

Form 990 (2019) WELLS OF LIFE, INC. 45-1496631 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than o box, unless person is both officer and a director/truste				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NICHOLAS P. JORDAN	50.00									
EXECUTIVE DIRECTOR				Х				177,102.	0.	0
(3) MIKE MARTIN	3.00									
DIRECTOR		Х						0.	0.	C
(4) PETER CALLAHAN	15.00									
PRESIDENT		Х		Х				0.	0.	(
(5) CHARLIE HEDGES	30.00									
VICE PRESIDENT		Х		Х				0.	0.	C
(6) MICHELLE JORDAN	12.00									
SECRETARY		Х		Х				0.	0.	(
(7) MIKE RAGUSE FREASURER	3.00	x		x				0.	0.	(

Form 990 (2019) WELLS OF LIFE, INC. 45-1496631 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	Average hours per week (C) Average of the document of the doc					than	h an	(D) (E) Reportable Reportable compensation compensation from from related			(F) Estimated amount of other		
		(list any hours for related organizations below line) Highest combensated employee employee line (line) line (line			the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensat			1				
														_
	Cubintal								177,102.	(1			0.
	Subtotal Total from continuation sheets to Part V								0.	(` 	0		
	Total (add lines 1b and 1c)							<u> </u>	177,102.	(١.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				
	compensation from the organization											Yes	ı N	1 lo
3	Did the organization list any former officer,	director, trust	ee. k	ev e	ame	love	e. or	hia	hest compensated emp	olovee on		10.	1	
	line 1a? If "Yes," complete Schedule J for s										3		Х	ζ
4	For any individual listed on line 1a, is the su													
_	and related organizations greater than \$15 Did any person listed on line 1a receive or a										4	Х		
5	rendered to the organization? If "Yes," com										5		Х	2
Sec	tion B. Independent Contractors	,-			- '									
1	Complete this table for your five highest co	=	-							· ·	nsation	from		
	the organization. Report compensation for (A)	the calendar y	ear (endi	ng v	vith	or w	ithir T	n the organization's tax y (B)	year.		C)		
	Name and business	address	NO	NE					Description of s	ervices	Compe		ion	
														_
								_						
														_
								_						
								\dashv		†				
2	Total number of independent contractors (i		ot lii	mite	d to		se lis 0	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	Zation >					U				Form	990	(20	19)

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Ра	rt v	Ш							
			Check if Schedule O contains a re	esponse	or note to any lin				
						(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	f
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ar our		b	Membership dues	1b					
s, C				1c	276,657.				
Contributions, Gifts, Grants and Other Similar Amounts				1d					
s, (mi			-	1e					
rSi			All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	1,235,138.				
d d		g	· · · · F	1g \$	79,781.				
a C		h	Total. Add lines 1a-1f			1,511,795.			
					Business Code				
ø	2	а		,					
Z <		b							
Sel		c							
an eve		d							
Program Service Revenue		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f		•				
	3	3	Investment income (including dividen						
	_		other similar amounts)	,	<i>'</i>	164.			164.
	4		Income from investment of tax-exemp						
	5		Royalties		-				
	_			Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
					>				
				curities	(ii) Other				
	·	_	assets other than inventory 7a						
		b	Less: cost or other basis						
e		~	and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re'			Net gain or (loss)						
ē			Gross income from fundraising events (no						
윰	•	_	including \$ 276,657.						
			contributions reported on line 1c). Se						
			Part IV, line 18		8,400.				
		b	Less: direct expenses		54,010.				
			Net income or (loss) from fundraising			-45,610.			-45,610.
			Gross income from gaming activities.		,	,			·
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming acti						
			Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inve						
<u> </u>			,		Business Code				
Miscellaneous Revenue	11	а							
ane		b							
eve		С							
Λisα R			All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue See instructions			1 466 349.	0	0.	-45 446.

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45-1496631

Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a respondon not include amounts reported on lines 6b,	(A) I	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations		схропосо	general expenses	скрепосо
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	177,102.	123,971.	35,421.	17,710
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	41,110.	28,777.	8,222.	4,111.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	264.	185.	53.	26.
10 Payroll taxes	4,238.	2,966.	848.	424.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,511.	758.	30,753.	
c Accounting	31,148.		31,148.	
d Lobbying				
e 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 O.)	262,737.	206,548.	37,459.	18,730.
12 Advertising and promotion	69,709.			69,709.
13 Office expenses	43,125.	19,360.	23,765.	
14 Information technology	17,506.	4,738.	6,996.	5,772.
15 Royalties				
16 Occupancy	51,835.	19,059.	11,472.	21,304.
17 Travel	57,219.	42,479.	12,529.	2,211.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,024.	1,658.	3,366.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,600.		4,600.	
23 Insurance	9,584.		9,584.	
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.)				
a WELL DRILLING	604,316.	604,316.		
b FIELD EXPENSE	58,378.	58,378.		
c BANK FEES	9,664.		9,664.	
d MEALS & ENTERTAINMENT	4,106.	4,106.		
e All other expenses	7,830.	1,911.	5,919.	
25 Total functional expenses. Add lines 1 through 24e	1,491,006.	1,119,210.	231,799.	139,997.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

45-1496631

Form 990 (2019) Part X Balance Sheet

	ILX	Check if Schedule O contains a response or no	te to ar	y line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			89,025.	1	187,278.
	2	Savings and temporary cash investments			429,142.	2	278,885.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	rsons (as defined				
		under section 4958(f)(1)), and persons describe		6			
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
¥	9					9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	70,331.			
	b			9,200.	38,248.	10c	61,131.
	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		0.	15	4,530.	
	16	Total assets. Add lines 1 through 15 (must equ	556,415.	16	531,824.		
	17	Accounts payable and accrued expenses			, , , , , , , , , , , , , , , , , , , ,	17	, , , , , , , , , , , , , , , , , , , ,
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		ı		20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or for				21	
Liabilities	22						
iliq		trustee, key employee, creator or founder, subs				22	
Lia	22	controlled entity or family member of any of the				23	
	23	Secured mortgages and notes payable to unrel				24	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	S 17-24	. Complete Part X	0.	0.5	66.
	26	of Schedule D			0.	25	66.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			٠.	26	00.
es			eck ner	e 🖊 🔼			
JI C	07	and complete lines 27, 28, 32, and 33.			556,415.	27	531,758.
3ale	27	Net assets without donor restrictions			330,413.	28	331,730.
ğ	28	Net assets with donor restrictions				28	
표		Organizations that do not follow FASB ASC 9	958, CN	eck nere			
ō		and complete lines 29 through 33.				00	
əts	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			FFC 44F	31	E31 850
ž	32	Total net assets or fund balances			556,415.	32	531,758.
	33	Total liabilities and net assets/fund balances			556,415.	33	531,824. Form 990 (2019)

Form 990 (2019) WELLS OF LIFE, INC. 45-1496631 Page 12
Part XI Reconciliation of Net Assets

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	1	,466,	,349.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,491,	,006.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-24,	,657.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		556,	,415.			
5	Net unrealized gains (losses) on investments	5						
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		531,	,758.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	te basis,						
	consolidated basis, or both:							
	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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	hedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?	-	За		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				$\overline{}$			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number 45-1496631 WELLS OF LIFE INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	. ,	` '	` '	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	475,194.	758,540.	821,867.	1,333,512.	1,511,795.	4,900,908.
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	475,194.	758,540.	821,867.	1,333,512.	1,511,795.	4,900,908.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						276,255.
	Public support. Subtract line 5 from line 4.						4,624,653.
Se	ction B. Total Support		<u> </u>				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	475,194.	758,540.	821,867.	1,333,512.	1,511,795.	4,900,908.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			88.	184.	164.	436.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			130,649.	15,095.		145,744.
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						5,047,088.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
~	organization, check this box and stop						<u></u>
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2019 (I					14	91.63 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	92.62 %
16a	33 1/3% support test - 2019. If the c	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
k	o 33 1/3% support test - 2018. If the c	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organizat	tion			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances tes	•				•	0% or
	more, and if the organization meets the				-		. —
	organization meets the "facts-and-circ						>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b,		nd see instructions	

Page 3

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

(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

Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissione, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization stax 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 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1, 2, and 3 received from disqualified persons but acceed the grade of sines 2 and 3 received from disqualified persons that exceed the grade of sines 2 and 3 received from disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the two disqualified persons that exceed the grade of sines 2 and 5 received from the sines 3 received on the 2 and 5 received from the sines 3 received on the 2 and 5 received from the sines 3 received from the sines 3 received from the sines 4 received on the 2 and 5 received from the sines 4	Section A. Public Support	below, please com	nplete Part II.)				
1 Giffs, grants, contributions, and membership less received. (Dr not include any "funusual grants, "). Gross receipts from admissions, morthandias sold or services per common, or facilities tumbshed in any activity that is related to the organization's tax evempt purpose. 3 Gross receipts from admissions, morthandias sold or services per common, or facilities tumbshed in any activity that is related to the organization's bewelft and either paid to or expended on this shall. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines it through 5. 7 a Amounts included on lines 1, 2, and 3 received from dequalised persons be even the services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines it through 5. 7 a Amounts included on lines 1, 2, and 3 received from the paid of		(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
membership fees received. (Do not include any funcsular grants.) 2 Gross neelighs from admissions, membradities odd or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross neelighs from admissions and an unrelated trade or business under section 513 4 Tax revenues levied for the organization's breath and exemption of the organization's breath and either paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization's breath and either paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization's breath and either paid to organization without charge 6 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be a more and the services of the se		(a) 2015	(b) 2016	(6) 2017	(u) 2016	(e) 2019	(I) Total
include any 'unusual grants.") Gross recipits from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travewent 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 of his behalf 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons business or secretary or the services of the programment of the organization without charge of the programment of the organization without charge or the organization of the organization without charge or the organization without charge or the organization organizatio							
2 Gross neoptists from admissions, morchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross neoptists from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization to the section of a section of the product of the organization to the section of a section of	•						
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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
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	10a		
	10b		
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Pa	t IV Supporting Organizations (continued)			J
	(donumod)		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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 5 5		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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 in (2), 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		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	За		
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.	3b		

932025 09-25-19

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
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 1-1/2% 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 .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 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		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u>e</u>	Excess from 2019			

Part VI	Supplemental Information Devide the evaluations required by Dart II, line 10: Dart II, line 17: or 17h; Dart III, line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
<u> </u>	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

WEL	LS OF LIFE, INC.	45-1496631			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educate ty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the General Rule applies to this organization because it respective, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>			
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization	Employer identification number
WELLS OF LIFE, INC.	45-1496631

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$145,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	rume, address, and 2n + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WELLS OF LIFE, INC.	45-1496631

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WELLS OF LIFE, INC.

45-1496631

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK	-	
		\$ 79,781.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

vame of or	ganization				Employer identification number		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)				45-1496631 that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, use duplicate copies of Part III if additional	charitable, etc., contributions of \$	1,000 or less for the	he year. (Enter this info. once	▶ \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
		(e) Transfo	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
		(e) Transfo	er of gift				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
		(e) Transfe	er of gift				
	Transferee's name, address, al			elationship of tra	nsferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complet organization answered "Yes" on Form 990, Part IV, line 6.	ie ii trie
(a) Donor advised funds (b) Funds and other	accounts
	accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
0 1 1 77 7 0	es L No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
	es No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land	d area
Protection of natural habitat Preservation of a certified historic structu	е
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easeme	nt on the last
day of the tax year.	d of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register 2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the t	ıx
year 🕨	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	es No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	a the vear
>	,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the	year
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	es No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

932051 10-02-19

Schedule D (Form 990) 2019

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

45-1496631

Par	rt III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	sion, and other record	ds, chec	k any of the	following that	t make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	. L	Loan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's of	collections and explai	in how tl	hey further tl	he organizatio	on's exer	npt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, h	istorical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m							<u> L</u>	Yes		No
Par	rt IV Escrow and Custodial Arrar		ete if the	e organizatio	n answered "	'Yes" on	Form 990,	Part IV,	line 9, oı		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custoo	dian or other intermed	diary for	contribution	s or other as	sets not	included	_	7		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	J /										
f	Ending balance								1		T
	Did the organization include an amount on F						ty?		Yes		∐ No
	rt V Endowment Funds. Complete						·····				
Fai	rt V Endowment Funds. Complete	1			i .			oro book	(-) Four		haalı
4.	Designing of year belones	(a) Current year	(a) H	Prior year	(c) Two year	S Dack ((a) Tillee ye	ars Dack	(e) Foul	years	Dack
	Beginning of year balance										
	3 , 3 ,										
	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g 2	Provide the estimated percentage of the cu		l ce (line 1	la column (s)) held ac:						
		irent year end baland	%	rg, coluitii (a	i)) Held as.						
		%									
	Term endowment	 /0									
Ū	The percentages on lines 2a, 2b, and 2c she	- ′ -									
За	Are there endowment funds not in the poss	-	ation th	at are held a	nd administe	red for th	ne organiza	ation			
	by:						ga		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiz										
4	Describe in Part XIII the intended uses of th										
Par	rt VI Land, Buildings, and Equipr										
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated	t	(d) Boo	k valu	e
	· ·	basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				70,331.		9,2	200.		61,	131.
<u>e</u>	Other										
Total	II. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colur	mn (B), line 1	0c.)			>		61,	131.
							•	chadula	D /Earn	agan	2010

Schedule D (Form 990) 2019

of security or category (including name of security) rivatives I equity interests Just equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. Implete if the organization answered "Yesea) Description of investment	(b) Book value on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-cost or end-co	
ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. mplete if the organization answered "Yesa) Description of investment			of-year market value
ust equal Form 990, Part X, col. (B) line 12.) vestments - Program Related. mplete if the organization answered "Yesa) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
vestments - Program Related. mplete if the organization answered "Yes a) Description of investment			of-year market value
mplete if the organization answered "Yes a) Description of investment			of-year market value
a) Description of investment			of-year market value
	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
ust equal Form 990. Part X. col. (B) line 13 \ ▶			
ust equal Form 990. Part X. col. (B) line 13 \ ▶			
ust equal Form 990. Part X. col. (B) line 13 \▶			
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ust equal Form 990. Part X. col. (B) line 13)			
ust equal Form 990. Part X. col. (B) line 13) 🖿			
her Assets.			
mplete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	
(a	Description		(b) Book value
	ne 15.)		
her Liabilities.			
mplete if the organization answered "Yes	" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
income taxes			
EDIT CARDS			66
			66
(b) must equal Form 990. Part X. col. (B) li	ne 25.)	.	
n	her Liabilities. mplete if the organization answered "Yes (a) Description of liability ncome taxes	mplete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of liability ncome taxes EDIT CARDS	her Liabilities. mplete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability ncome taxes

Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	-	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	rt XIII Supplemental Information.	4 D 1 N/ II 101 D		\/I
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		art 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 a	iny additional information.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** WELLS OF LIFE, INC. 45-1496631 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region UGANDA 6 PROGRAM SERVICES WELL DRILLING 839,348. 3 a Subtotal 6 839,348. **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a 839,348. and 3b)

932071 10-12-19

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2019.04020 WELLS OF LIFE, INC.

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Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019 WELLS OF LIFE, INC. 45-1496631 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ch the grantee or cou	unsel has provided a sec	Lrecognized as charities by the stion 501(c)(3) equivalency letter					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2019

Part III can be duplicated if a	dditional space is neede	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							_
							hula F (Farres 000) 0040

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	(communication), as approximation, its complete the part of provide any against a manual manu
_	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number 45-1496631 WELLS OF LIFE, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Schedule G (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt I	Fundraising Events. Complete if th	e organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro			· · · · · · · · · · · · · · · · · · ·	ots greater than \$5,000.
			(a) Event #1 RUN4WATER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
une			(= : = : : : ; ; ; = ; ;	(2 * 2 * * * *)	(
Revenue	1	Gross receipts	285,057.			285,057.
ш.	2	Less: Contributions	276,657.			276,657.
	3	Gross income (line 1 minus line 2)	8,400.			8,400.
	4	Cash prizes				
	5	Noncash prizes				
es	٦	Noncasti prizes				
ens	6	Rent/facility costs	22,160.			22,160.
Direct Expenses						
rect	7	Food and beverages				
⊡		Entortoinescut	1,050.			1,050.
	8 9	Entertainment Other direct expenses				30,800.
	10	Direct expense summary. Add lines 4 through			•	54,010.
	11	Net income summary. Subtract line 10 from li			_	-45,610.
Pa	ırt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	_
		\$15,000 on Form 990-EZ, line 6a.	•			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				singo, progressive singe		coi. (a) throught coi. (c))
Ä	1	Gross revenue				
S	2	Cash prizes				
ense						
χΣ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	V 0/	V 0/		
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	١	Volunteer labor	140	140	140	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
_						
		er the state(s) in which the organization condu he organization licensed to conduct gaming a	_	etetee?		Yes No
		No," explain:		states?		. L res L No
~	•	To, explain.				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					
0330	22 00	3-11-19			Schedule G (Fo	rm 990 or 990-F 7) 2019

Schedule G (Form 990 or 990-EZ) 2019 WELLS OF LIF	E, INC.	45-1496631	Page 3
11 Does the organization conduct gaming activities wi	th nonmembers?	Yes L	No
	of a trust, or a member of a partnership or other entity formed		
			□ No
		L 165 L	NO
13 Indicate the percentage of gaming activity conduct	ed in:	1 1	
a The organization's facility		13a	%
b An outside facility		13b	%
	epares the organization's gaming/special events books and rec		
·			
Name -			
Name			
Address			
			_
15a Does the organization have a contract with a third p	party from whom the organization receives gaming revenue? $_{\dots}$	L Yes L	No
b If "Yes," enter the amount of gaming revenue receive	ved by the organization 🕨 \$ and the an	nount	
of gaming revenue retained by the third party >\$			
c If "Yes," enter name and address of the third party:	· · · · · · · · · · · · · · · · · · ·		
c if fes, enter name and address of the third party.	•		
Name			
Address >			
16 Gaming manager information:			
danning manager information.			
Name			
Gaming manager compensation ▶ \$			
Description of services provided			
-			
Director/officer Employee	Independent contractor		
17 Mandatory distributions:			
a Is the organization required under state law to make	e charitable distributions from the gaming proceeds to		
rotain the state gaming license?	5 51	Yes [□ No
			110
	ate law to be distributed to other exempt organizations or sper	it in the	
organization's own exempt activities during the tax			
Part IV Supplemental Information. Provide	e the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b	o, 10b,
15b, 15c, 16, and 17b, as applicable. Also	provide any additional information. See instructions.		

Schedule G (Form 990 or 990-EZ) WELLS OF LIFE, INC.	45-1496631	Page 4
Schedule G (Form 990 or 990-EZ) WELLS OF LIFE, INC. Part IV Supplemental Information (continued)		-

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

WELLS OF LIFE, INC.

Employer identification number 45-1496631

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			.,,
	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		v
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	1

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

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)		
(A) Name and Title	(i) Base compensation	n (ii) Bonus & (iii) Other reportable compensation compensation		compensation	Denents	(B)(I)-(U)	in column (B) reported as deferred on prior Form 990	
(1) NICHOLAS P. JORDAN	(i)	177,102.	0.	0.	0.	0.	177,102.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)						+	
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

WELLS OF LIFE, INC.

45-1496631

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization WELLS OF LIFE, INC. **Employer identification number** 45-1496631

Par	t I	Types	s of Property								
				(a)	(b)	(c)		(d)			
				Check if	Number of contributions or	Noncash contri amounts repor		Method of de		•	_
				applicable		Form 990, Part VI		noncash contribu	ition ai	nount	S
1	Art -	Works of	art								
2			treasures								
3			l interests								
4			blications								
5			nousehold goods								
6			r vehicles								
7			nes								
8			pperty								
9			blicly traded	Х	1		79,781.	FMV			
10			osely held stock								
11			rtnership, LLC, or								
	trus	t interests									
12			scellaneous								
13			ervation contribution -								
	Hist	oric struct	ures								
14			ervation contribution - Other								
15	Rea	l estate - R	Residential								
16			Commercial								
17			Other								
18											
19			y								
20			dical supplies								
21	Taxi	idermy									
22			acts								
23			cimens								
24			artifacts								
25	Oth	er 🕨	()								
26	Oth	er 🕨	()								
27	Oth	er 🕨	()								
28	Oth	er 🕨	(
29	Nun	nber of For	ms 8283 received by the organ	ization durin	g the tax year for o	contributions					
	for v	which the o	organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29				
										Yes	No
30a	Duri	ing the yea	ar, did the organization receive b	y contribution	on any property rep	oorted in Part I, line	es 1 throu	gh 28, that it			
			at least three years from the dat		•	•					
			ses for the entire holding period	l?					30a		X
b		•	ribe the arrangement in Part II.								
31		Ooes the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					Х				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions? 32a X						Х				
b		,	ibe in Part II.								
33	If th	e organiza	tion didn't report an amount in	column (c) fo	r a type of propert	y for which column	n (a) is che	ecked,			
		cribe in Pa									
LHA	Fo	or Paperw	ork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	l (Forn	n 990)	2019

Part II	Supplemental Information. Provide the information required by Part I, lin is reporting in Part I, column (b), the number of contributions, the number of items this part for any additional information.	es 30b, 32b, and 33, and whether the organization s received, or a combination of both. Also complete
SCHEDULE	M, PART I, COLUMN (B):	
THE NUMBE	ER OF CONTRIBUTIONS ARE BEING REPORTED.	
932142 09-27-	-19	Schedule M (Form 990) 201

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Open to Public Inspection

Name of the organization **Employer identification number** WELLS OF LIFE, INC. 45-1496631 FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD CONDUCTS A FORMAL REVIEW AT SCHEDULED BOARD MEETINGS BEFORE THE DOCUMENT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REQUIRES ALL INTERESTED PERSONS AS DESCRIBED BY ARTICLE II OF THE CONFLICT OF INTEREST POLICY TO SIGN AN AFFIRMATION STATEMENT EACH YEAR CONFIRMING THAT THEY ARE IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION WAS DETERMINED VIA SALARY SURVEY AND EMPLOYEE SALARY REQUIREMENTS. THE COMPENSATION IS BOARD APPROVED. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND OTHER WEBSITES UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 205,886. MANAGEMENT AND GENERAL EXPENSES 37,270. FUNDRAISING EXPENSES 18,635. TOTAL EXPENSES 261,791.

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

Schedule O (Form 990 or 990-EZ) (2019)

INC.