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EXTENDED TO NOVEMBER 15, 2022

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

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Form

OMB No. 1545-0047 **Open to Public** . Inspection

AI	For th	e 2021 calendar year, or tax year beginning and o	ending	-	
B	Check if applicat	le: C Name of organization		D Employer identific	cation number
	Addr chan	WELLS OF LIFE, INC.			
	Name			45-149663	31
	Initial returr		Room/suite	E Telephone number	
	Final returr			855-935-	
	termi ated			G Gross receipts \$	3,391,155.
	Amer returr			H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: PEIER CALLARAN		for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions
		te: ▶ WWW.WELLSOFLIFE.ORG		H(c) Group exemption	n number 🕨
K	orm o	f organization: 🚺 Corporation Trust Association Other 🕨	L Year of	of formation: 2011 N	State of legal domicile: CA
Pa	art I	Summary			
6	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		CHRISTIAN WATER DEVELOPMENT ORGANIZATION	WORKIN	G IN RURAL	UGANDA.
rna	2	Check this box I if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3				7
ڻ ح	4	Number of independent voting members of the governing body (Part VI, line 1b)		7	
es Se	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			7
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	25
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,721,616.	3,390,895.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ev Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,025.	260.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-69,288.	-68,881.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,658,353.	3,322,274.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		280,045.	488,989.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- ad x	b.	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		963,488.	1,530,501.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,243,533.	2,019,490.
	19	Revenue less expenses. Subtract line 18 from line 12		414,820.	1,302,784.
0 C			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,685,669.	2,900,393.
t Ass	21	Total liabilities (Part X, line 26)		60,253.	56,084.
Re	22	Net assets or fund balances. Subtract line 21 from line 20		1,625,416.	2,844,309.
	art II	5			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	PETER CALLAHAN, PRESIDI Type or print name and title	ENT					
Paid	Print/Type preparer's name JULIE INCORVINA, CFE CPA	Preparer's signature	Date	Check if self-employed	PTIN P0043432	0	
Preparer	Firm's name 🕒 REDWITZ, INC			Firm's EIN 🕨 33	-0850406		
Use Only	Firm's address 💊 3 PARK PLAZA, SU	ITE 1700					
	IRVINE, CA 92614 Phone no.949-753-1514						
May the I	May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No						
132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)							

Form	WELLS OF LIFE, INC.	45-1496631 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: WELLS OF LIFE IS NON-PROFIT CHRISTIAN WATER DEVELOPMENT	
	WORKING IN RURAL UGANDA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •
		ers, the total expenses, and
-	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,654,099. including grants of \$) (Reve	,
	WELLS OF LIFE IS A NON-PROFIT CHRISTIAN WATER DEVELOPMEN	
	WE ARE DEDICATED TO EFFECTIVELY SERVING VULNERABLE PEOPI	
	FAMILIES) BY PARTNERING WITH RURAL COMMUMITIES TO OVERCO	
	POVERTY. WE ARE FOCUSED IN THREE DISTRICTS IN UGANDA: MU	-
	AND MITYANA. WE HAVE RECENTLY DEVELOPED AND IMPLEMENTED	
	BASED WATER ACCESS SANITATION HYGIENE PROGRAM (WASH) FOR	R 20 VILLAGERS.
	WE CONTINUALLY WORK CLOSELY WITH THE KINGDOM OF BUGANDA	AND PRIME
	MINISTER CHARLES PETER MAYIGE.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
40		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
لم 1/	Other program convices (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,654,099.	
		Form 990 (2021)
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 Form 990 (2021)
 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)?		77	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
5	similar amounts as defined in Rev. Proc. 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	5		
U	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	-		
U	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			
Ŭ	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, VII, IX, or X,			_
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	990	(2021)

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	t IV Checklist of Required Schedules (continued)			
•			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
^	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		Δ
3	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	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		
	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		
Бa	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		X
6	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
7	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
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	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 line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>_</u>
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
52	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
в	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3	103	140
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c	х	
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-004	Б	1 011		

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		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	<u>2a</u> 7		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		0		х
			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	-	4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac	:count)?	<u>4a</u>		Λ
D	If "Yes," enter the name of the foreign country	acusta (EDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Active the ergenization a party to a prohibited tax abolter transportion at any time during the tax user?		50		х
		tion?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
oa			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributio		00		
D			65		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the nevor?	7a		х
			7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	10		
C	to file Form 8282?	•	7c		х
Ч		7d	10		
	It "Yes," indicate the number of Forms 8282 filed during the year		7e		х
e f	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contra- Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		76 7f		X
'	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
0	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organization have excess business notaings at any time during the year sector sect				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:		0.0		
а		10a			
	· · · · · · · · · · · · · · · · · · ·	10b			
1	Section 501(c)(12) organizations. Enter:				
а		11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
с		13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	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.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	ny			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17		
	If "Yes," complete Form 6069.				
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Form 990	(2021)
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 WELLS OF LIFE, INC.
 45-1496631
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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	
Section A. Governing Body and Management	

					X
--	--	--	--	--	---

If the body bo Entee Did a office Did t Did t Di Did t Di Di Did t Did t Did t Did t Did t Did t Did t Did t Did D	the organization make any significant changes to its governing documents since the prior Form 98 the organization become aware during the year of a significant diversion of the organization's asserted or organization have members or stockholders? The organization have members, stockholders, or other persons who had the power to elect or approver the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year organization contemporaneously document the meetings held or written actions undertaken during the year organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Reprint action have local chapters, branches, or affiliates?</i>	e direct supervision 90 was filed? ets? point one or ockholders, or r by the following: ched at the <u>venue Code.)</u> apters, affiliates, y before filing the form to conflicts?	3 4 5 6 7a 7b 8a 8b 9		
If the body bo Entee Did a office Did t Did t Di Did t Di Di Did t Did t Did t Did t Did t Did t Did t Did t Did D	e are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0. the number of voting members included on line 1a, above, who are independent	1b o with any other a direct supervision 90 was filed? ets? opoint one or ockholders, or r by the following: ched at the venue Code.) apters, affiliates, v before filing the form to conflicts? 'es, " describe	7 2 3 4 5 6 7a 7b 8a 8b 9	X X X Yes X X	X X X X X X
body be Ente Did a office Did t Did t Did t Did t Did t Did t Did t Did t Did t a Did t be Are a perse Did tl a The s be Each Is the orga ction a Did t S the orga ction a Did t S the orga ction a Did t be G C Did t Did t S the orga ction a Did t S Did t Did t Did t Did t Did t S Did S S S S S S S S S S S S S S S S S	delegated broad authority to an executive committee or similar committee, explain on Schedule 0. the number of voting members included on line 1a, above, who are independent my officer, director, trustee, or key employee have a family relationship or a business relationship r, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the cicers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 99 the organization become aware during the year of a significant diversion of the organization's assume the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or ap members of the governing body? my governance decisions of the organization reserved to (or subject to approval by) members, store ins other than the governing body? e organization contemporaneously document the meetings held or written actions undertaken during the year to overning body? committee with authority to act on behalf of the governing body? re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac sization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Res</i> ne organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of such cha- reaches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body ribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directo	 with any other 90 was filed? ets? opoint one or ockholders, or ockholders, or ockholders, or with the following: ched at the wenue Code.) apters, affiliates, y before filing the form to conflicts? fes, " describe 		X X X Yes X X	X X X X X X
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and a Has b Desc a Did t b Were c Did t Did t Did t Did t Did t perse a The b Othe If "Yd	be organization provided a complete copy of this Form 990 to all members of its governing body will be organization provided a complete copy of this Form 990 to all members of its governing body will be on Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	y before filing the form to conflicts?	m? 11a 12a	x	
 a Has b Desc a Did t b Were c Did t on S Did t Did t Did t Did t d t person a The observation a The observation a Did t 	he organization provided a complete copy of this Form 990 to all members of its governing body ribe on Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> whedule O how this was done	y before filing the for to conflicts?	m? 11a 12a	x	
 b Desc a Did t b Were c Did t on S Did t 	ribe on Schedule O the process, if any, used by the organization to review this Form 990. The organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> officers, directors, or trustees, and key employees required to disclose annually interests that could give rise the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> schedule O how this was done	to conflicts? Yes, " describe	<u>12a</u>	x	
 a Did t b Were c Did t on S Did t Did t Did t Did t person a The o o Otheory If "Yea a Did t 	the organization have a written conflict of interest policy? If "No," go to line 13 officers, directors, or trustees, and key employees required to disclose annually interests that could give rise the organization regularly and consistently monitor and enforce compliance with the policy? If "Y schedule O how this was done	to conflicts? /es," describe		-	
 b Were c Did t on S Did t Did t Did t Did t persona The of o Otheory If "Yea a Did t 	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise the organization regularly and consistently monitor and enforce compliance with the policy? If "Y schedule O how this was done	to conflicts? /es," describe		-	
c Did t on S Did t Did t Did t Did t perso a The b Othe If "Ye a Did t	he organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> chedule O how this was done	'es," describe	<u>12b</u>	X	1
on S Did t Did t Did t perso The Othe If "Ye a Did t	hedule O how this was done	,			
Did t Did t Did t perso The b Othe If "Ye a Did t			1		
Did t Did t perse The Dothe If "Ye a Did t	ne organization have a written whistleblower policy?		12c	Х	
Did t perso The b Othe If "Ye a Did t			13	Х	
persona The of t	ne organization have a written document retention and destruction policy?		14	Х	
a The b Othe If "Ye a Did t	ne process for determining compensation of the following persons include a review and approval	l by independent			
b Othe If "Ye an Did t	ns, comparability data, and contemporaneous substantiation of the deliberation and decision?				
lf"Yo an Didt	rganization's CEO, Executive Director, or top management official		15a	Х	
lf"Yo an Didt	officers or key employees of the organization				X
a Didt	s" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent with a			
	le entity during the year?		16a		X
b If "Ye	s," did the organization follow a written policy or procedure requiring the organization to evaluat				
	t venture arrangements under applicable federal tax law, and take steps to safeguard the organi				
	pt status with respect to such arrangements?		16b		
	C. Disclosure				
	ne states with which a copy of this Form 990 is required to be filed $ ightarrow ext{CA}$				
	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section 50 ⁻	l (c)(3)s onlv)	availal	ole
	Iblic inspection. Indicate how you made these available. Check all that apply.		()(-)- -j)		
		on Schedule O)			
	ribe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	v, and finan	cial	
	ments available to the public during the tax year.		, and man	- 141	
	the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	the name, address, and telephone number of the person who possesses the organization's boo				
	HOLAS TORDAN = 855 - 935 - 5763				
06 12-09	HOLAS JORDAN - 855-935-5763 22 RANCHO VIEJO RD., SUITE 204, SAN JUAN CAPISTR		2675		

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Form 990 (2021) WELLS OF LIFE, INC.	45-1496631	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated							
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 w	with or within the organization's	s tax year.						

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	Pos heck ss per	itior more rson i	l than c s both r/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer		Highest compensated	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) NICHOLAS P. JORDAN	50.00									
EXECUTIVE DIRECTOR				Х				211,673.	0.	0.
(2) MIKE MARTIN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(3) MIKE RAGUSE	3.00									
TREASURER		Х		Х				0.	0.	0.
(4) MICHELLE YEGSIGIAN	12.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CHARLIE HEDGES	30.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) PETER CALLAHAN	15.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) JACQUELINE DUPONT CARLSON	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SISTER JOAN HOGAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
	1	1						l	l	Form 990 (2021)

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2021.05000 WELLS OF LIFE, INC.

			LIFE, I								45-14	966	31	Pa	age 8
Pai	t VII Section A. Officers, Di	rectors, Trus		oloy	ees,			ghes	t C		, ,			(-)	
	(A) Name and title		(B) Average hours per week (list any hours for related organizations below line)	box	not cł , unles	ss per	ition more rson is irecto	Highest compensated Light of the standard Highest compensated the standard	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatior from related organizations (W-2/1099-MIS(1099-NEC)		am comp fro orga and	(F) timate oount o other pensation the anization d relate nization	of tion e on ed
						0	×	9 T							
												+			
												+			
												+			
												\square			
												+			
										011 670		-			
с	Subtotal Total from continuation shee Total (add lines 1b and 1c)	ets to Part VI	I, Section A					I		211,673. 0. 211,673.		0.0.0			0. 0. 0.
2	Total number of individuals (in compensation from the organ	cluding but n							o re	eceived more than \$100,	000 of reportable				1
3	Did the organization list any for line 1a? If "Yes," complete Sci					•	-		Ŭ				3	Yes	No X
4	For any individual listed on line and related organizations grea	e 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	ne organization		4		X
5	Did any person listed on line 1 rendered to the organization? tion B. Independent Contract	If "Yes," com					,			0			5		х
1	Complete this table for your fi	ve highest co	•	•							· ·	ensatio	on fro	m	
	the organization. Report comp	pensation for t (A)	the calendar ye	ear e	endin	ig wi	ith c	or wit	hin	the organization's tax y (B)	ear.		(C	;)	
	Name	and business	address	NC	ONE	2				Description of s	ervices	Co	mper	nsatior	ו
2	Total number of independent		•	ot lin	nited	d to t			ed	above) who received mo	ore than				
	\$100,000 of compensation fro	om the organiz	zation 🕨				0)				F	orm S	990 (2	2021)

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Pa	rt V	/111	Statement of Reven	ue					
			Check if Schedule O conta	ains a respon	se or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	1b 1c 1d ons) 1e ts, and //e	2,024,736. 17,178. 1,348,981.				
Cor and		h	Total. Add lines 1a-1f			3,390,895.			
					Business Code				
Program Service Revenue			All other program service rever Total. Add lines 2a-2f	nue					
	3		Investment income (including						
	4 5		other similar amounts) Income from investment of tax Royalties	k-exempt bon	d proceeds	260.			260.
	5			(i) Real	(ii) Personal				
	6	с	Gross rents6aLess: rental expenses6bRental income or (loss)6cNet rental income or (loss)						
	7	а	Gross amount from sales of assets other than inventory 7a Less: cost or other basis	(i) Securitie	es (ii) Other				
Revenue		с	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)						
Other I	8	а	Gross income from fundraising ev including \$ 2,024,7 contributions reported on line Part IV, line 18 Less: direct expenses	rents (not <u>36 .</u> of 1c). See	8a 0. 8b 68,881.				
			Net income or (loss) from fund	•••••••••••••••••••••••••••••••••••••••		-68,881.			-68,881.
		а	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See	9a 9b				
			Net income or (loss) from gam	····· ι	<u></u>				
			Gross sales of inventory, less	- r					
			and allowances		10a				
			Less: cost of goods sold	•••••••••••••••••••••••••••••••••••••••	10b				
		с	Net income or (loss) from sales	s of inventory					
sn		_			Business Code				
Miscellaneous Revenue	11				_				
ilar ven		b							
Be		c d	All other revenue						
Ϊ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,322,274.	0.	0.	-68,621.
13200					F.				Form 990 (2021)

WELLS OF LIFE, INC.

Form 990 (2021)

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	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) Program service expenses	Management and general expenses	(ط) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	CAPCIISCS
	-				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	166 695	220 000	E1 271	77 156
7	Other salaries and wages	466,625.	338,098.	51,371.	77,156.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22.264	15 255	2 5 7 0	2 1 2 1
10	Payroll taxes	22,364.	15,655.	3,578.	3,131.
11	Fees for services (nonemployees):				
а	Management	00 150		11 044	12 /12
b	Legal	92,153.	67,696.	11,044.	13,413.
С	Accounting	88,858.	32,828.	56,030.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	F0 072	12 420		27 425
12	Advertising and promotion	50,873.	13,438.		37,435.
13	Office expenses	59,489.	18,331.	22,657.	18,501.
14	Information technology				
15	Royalties				
16	Occupancy	7 (10	F 002		2 (15
17	Travel	7,618.	5,003.		2,615.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	400	422		
20	Interest	422.	422.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6 702	4 602	2 011	
23		6,703.	4,692.	2,011.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT SERVICES UGAND	1,156,561.	1,156,561.		
b	BAD DEBT	22,000.		22,000.	
с	BANK CHARGES	16,964.		16,964.	
d	RENT AND HOUSING	12,341.		5,938.	6,403.
е	All other expenses	16,519.	1,375.	13,257.	1,887.
25	Total functional expenses. Add lines 1 through 24e	2,019,490.	1,654,099.	204,850.	160,541.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11 2021.05000 WELLS OF LIFE, INC. Form 990 (2021)

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Form 990 (2021)

WELLS OF LIFE, INC. 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 response or note to any line in this Part IX

Form 990 (2021)
Part X Balance Sheet

WELLS OF LIFE, INC.

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			262,567.	1	320,250.
	2	Savings and temporary cash investments			503,980.	2	512,229.
	3	Pledges and grants receivable, net			874,165.	3	2,056,042.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	r former	officer, director,			
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for some state is a second			11,380.	9	6,927.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,077.			
	b	Less: accumulated depreciation	10b	2,077. 1,662.	29,047.	10c	415.
	11	Investments - publicly traded securities	-			11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,530.	15	4,530.
	16	Total assets. Add lines 1 through 15 (must equ			1,685,669.	16	2,900,393.
	17	Accounts payable and accrued expenses			51,688.	17	56,084.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŷ	22	Loans and other payables to any current or form					
litie		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties	8,565.	24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			60,253.	26	56,084.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			651,905.	27	441,038.
Ba	28	Net assets with donor restrictions			973,511.	28	2,403,271.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
s O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated in	come, c	r other funds		31	
Net	32	Total net assets or fund balances			1,625,416.	32	2,844,309.
	33	Total liabilities and net assets/fund balances			1,685,669.	33	<u>2,900,393</u>

Form 990 (2021)

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Form	WELLS OF LIFE, INC.	45-14	96631	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,322	2,2	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,019		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,302	2,7	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,625	5,4	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-83	3,8	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,844	1,3	<u>09.</u>
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	Ins	spect	ion	
		n to P		

ſ ZU

OMB No. 1545-0047

Nam	ame of the organization Employer identification number										
			S OF LIFE,						5-1496631		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only (one box.)					
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).				
4		A medical research organiz)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (0	Complete Part II.)		-						
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma						ne general r	public described in		
		section 170(b)(1)(A)(vi). (C	-		5			5			
8		A community trust describe		(1)(A)(vi), (Complete Parl	EIL)						
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college		
•		or university or a non-land-	-			-		-	-		
		university:	,			·····, ···,	,				
10			Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from		
	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 busir		-					-		
		See section 509(a)(2). (Co									
11		An organization organized a		velv to test for public sat	etv. See	section 50	09(a)(4).				
12	\square	An organization organized a	-	•	•			rrv out the	purposes of one or		
		more publicly supported or	-	-				•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga	• •					-	giving		
		the supported organization		-	• • • •	-					
		organization. You must o									
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	ing		
		control or management o	-				-		-		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally						ted organiz	ation(s)		
		that is not functionally int						-			
		requirement (see instruct	•		•		-				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported o									
g	Prov	vide the following informatior									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota	l										

WELLS OF LIFE, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	821,867.	1333512.	1511795.	1721616.	3373717.	8762507.
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	821,867.	1333512.	1511795.	1721616.	3373717.	8762507.
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)						743,433.
6	Public support. Subtract line 5 from line 4.						8019074.
See	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	821,867.	1333512.	1511795.	1721616.	3373717.	8762507.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	88.	184.	164.	1,117.	260.	1,813.
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						8910064.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	90.00 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	92.64 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
						Schedule A	(Form 990) 2021

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Schedule A			WELLS		/			
Part III	Support	: Schedule	for Organiza	ations	s Describ	oed in S	ection 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
		<u> </u>					
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the	•					nization,
	check this box and stop here						
	ction C. Computation of Publi		-				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves					<i>i</i> =	
	Investment income percentage for 20		'			17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2021. If the						ine 1 / is not
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2020. If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in		
13202	3 01-04-22		16			Sched	dule A (Form 990) 2021

1

2

Yes No

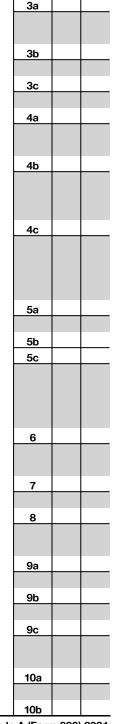
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021

17

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 orga	anization.
Section C. Ty	pe II Support	ing Organiz	ations

 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
 Image: Control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	structions	see in	na the vear	est durina	Part Tes	Integral Pa	satisfy th	use	organization	that the	method	xt to the	k the hox ne	Che	1
--	------------	--------	-------------	------------	----------	-------------	------------	-----	--------------	----------	--------	-----------	--------------	-----	---

- a 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 d	overnmental entity	(see instructions)	
---	--	---	-------------------------	-------------------	--------------------	--------------------	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

WELLS OF LIFE, INC.

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

WELLS OF LIFE, INC.

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

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	WELLS	OF LI	CFE,	INC.			45-1496631 _{Pag}
Part VI	Supplemental Infor	r mation. Pro 1, 2, 3b, 3c, 4b , lines 2 and 3;	ovide the , 4c, 5a, 6 Part IV, 5	explana 6, 9a, 9b Section I	tions requ o, 9c, 11a, E, lines 1c	11b, and 11c; , 2a, 2b, 3a, an	Part IV, Section B, lii Id 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)	ro, and Part V	Section	E, lines /	2, 5, and 6	also complet	te this part for any ad	
132028 01-04-2	22							Schedule A (Form 990) 2
					21			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Nar

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202[.]

Employer identification number

45-1496631

WELLS	5 OF	LIFE
ne of the organization		

Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

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

INC.

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

WELLS OF LIFE, INC.

45-1496631 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 92,312. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 75,000. Noncash \$

		φ	
		-	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		- \$ <u>79,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$197,500. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$80,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		_ \$	Person Payroll Noncash

24

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

Page 2

13541111 310903 612600

2021.05000 WELLS OF LIFE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
23453 11-11-	-21		Schedule B (Form 990) (202

Schedule B (Form 990) (2021)

WELLS OF LIFE, INC.

Employer identification number

45-1496631

13541111 310903 612600

25 2021.05000 WELLS OF LIFE, INC.

612600_1

Name of organia	zation			Employer identification number			
VELLS OF	LIFE, INC.			45-1496631			
Part III Ex fro	iclusively religious, charitable, etc., contribut om any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	entry. For organizations	hat total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of g	 ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
123454 11-11-21		26		Schedule B (Form 990) (202			

2021.05000 WELLS OF LIFE, INC. 612600_1

(Forn	SCHEDULE D Supplemental Financial Statements Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. epartment of the Treasury Attach to Form 990.						
	Revenue Service		90 for instructions and the latest information	ı.	Inspection		
Nam	e of the organization				r identification number		
Der		WELLS OF LIFE, INC.	d Funds or Other Similar Funds or A		15-1496631		
Par		n answered "Yes" on Form 990, Part IV, line		Accounts.	Complete if the		
	organization	Tanswered Tes Offform 990, Fartiv, in	(a) Donor advised funds	(b) Funds ar	nd other accounts		
4	Total number at or	ad of year					
1 2		nd of year f contributions to (during year)					
2		f grants from (during year)					
4		t end of year					
5			vriting that the assets held in donor advised fu	nds			
Ŭ	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used				
	•		r donor advisor, or for any other purpose confe				
	impermissible priva	ate benefit?	· · · · ·		Yes No		
Par	t II Conserva		anization answered "Yes" on Form 990, Part I				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservation of a his	storically impo	rtant land area		
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure		
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	conservation e	easement on the last		
	day of the tax year			Held	at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	•						
С			ucture included in (a)	2c			
d			fter 7/25/06, and not on a historic structure				
				2d			
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization durin	g the tax		
	year		encode to the end of N				
4		where property subject to conservation eas					
5		tion have a written policy regarding the per orcement of the conservation easements it			Yes No		
6	,		holds? handling of violations, and enforcing conserva		• • • • • •		
0		Thous devoted to monitoring, inspecting,	nandling of violations, and emotioning conserva	lion casement	s during the year		
7	Amount of expens	es incurred in monitoring inspecting hand	ling of violations, and enforcing conservation e	asements dui	ring the year		
•	► \$				ing the year		
8		vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)			
					Yes No		
9			on easements in its revenue and expense state				
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes	the		
	organization's acc	ounting for conservation easements.					
Par		-	Art, Historical Treasures, or Other	Similar As	sets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet v	vorks		
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in further	ance of public	;		
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.				
b	-		8, to report in its revenue statement and balan				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public se	ervice,		
	-	ng amounts relating to these items:					
-							
2			asures, or other similar assets for financial gair	i, provide			
	-	unts required to be reported under FASB A	-	• •			
			for Form 990		dulo D (Earm 000) 0001		
		eduction Act Notice, see the Instructions	0 101 FUTITI 990.	Sche	edule D (Form 990) 2021		
132051	10-28-21		27				

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		F LIFE, INC					45-14	96633	1 ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	I Treasures,	or Othe	r Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any o	of the following th	nat make s	significant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🔄 Loan	or exchange pro	gram					
b	Scholarly research	е	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they fur	ther the organiza	tion's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historica	al treasures, or ot	ther simila	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orga	nization answere	d "Yes" or	n Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi							_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					-		
								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance							7		
	Did the organization include an amount on Fo							Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i							<u></u>		
1 41		(a) Current year	(b) Prior y			(d) Three y	ears hack	(e) Four	vears	hack
4.0	Designing of year balance	(a) Ourrent year						(e) i oui	yours	Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses Grants or scholarships									
е	Other expenditures for facilities									
f	and programs Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curr	ent year end balance	l e (line 1a, colu	mn (a)) held as:						
	Board designated or quasi-endowment		%							
	Permanent endowment									
		/°								
•	The percentages on lines 2a, 2b, and 2c sho	, -								
3a	Are there endowment funds not in the posses	-	ation that are I	eld and administ	tered for t	he organiza	ition			
	by:	-]	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line	11a. See Form 99	90, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr) Cost or other basis (other)		Accumulate epreciation	d	(d) Boo	k valu	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			2,077	•	1,60	52.		4	15.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (B).	line 10c.)					4	15.
	· _ · · · ·				-		.			0004

Schedule D (Form 990) 2021

Schedule D	(Form 990)) 2021	WELLS	OF	LIFE,	INC

	Investments - Other Securities.	n Fauna 000, Davit IV/ line		
	Complete if the organization answered "Yes" of on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
		(b) BOOK Value	(c) Method of Valuation. Cost of end	or-year market value
	derivatives			
(2) Closely II (3) Other _	eld equity interests			
(3) Other _				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" of	on Form 000 Part IV line	11d See Form 990 Part X line 15	
	-	Description	- Thu: See Form 990, Fart X, line 15.	(b) Book value
(1)	(0)			
(1)				
<u>(2)</u> (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fede	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
I otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 WELLS OF LIFE, INC.			45-2	1496631	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn.		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,391,	155.
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	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,391,	155.
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	-68,881.			
с	Add lines 4a and 4b			4c		881.
5						274.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,088,	371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)		68,881.			
е	Add lines 2a through 2d			2e	<u> </u>	881.
3	Subtract line 2e from line 1			3	2,019,	490.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,019,	490.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT UNDER INTERNAL REVENUE CODE SECTION
170(B)(1)(A)(II) AS A PUBLIC CHARITY. INCOME FROM CERTAIN ACTIVITIES NOT
DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT OF THE ORGANIZATION
CONSIDERS THE LIKELIHOOD OF TAXES IMPOSED BY TAXING AUTHORITIES AND
RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT
MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR, INCLUDING CHANGE TO
THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES
THE ORGANIZATION HAS MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT
STATUS AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX,
THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE
132054 10-28-21 Schedule D (Form 990) 2021 30 30

2021.05000 WELLS OF LIFE, INC.

FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN NET REVENUE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED IN NET REVENUE

Schedule D (Form 990) 2021

132055 10-28-21

31 2021.05000 WELLS OF LIFE, INC.

13541111 310903 612600

(FOITH 990)	Complete if	the organization	h answered "Yes" on Form 990, Part	IV, line 14b, 1		<u> </u>
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. rm990 for instructions and the latest	information.		Open to Public Inspection
Name of the organization		y				dentification number
אדו.ופ רד דדי	TNO				45-149	6631
WELLS OF LIF	Information on A	ctivities Out	side the United States. Comple	ete if the organ		
	Part IV, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligit	pility for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers.	Describe in Part V the	organization's i	procedures for monitoring the use of its	arants and ot	her assistance	outside the
United States.		organization of		grants and of		
			n be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d gram service,	l) (f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)	of service	(s) in the regio	investments in the region
UGANDA	2		PROGRAM SERVICES	WELL DRILLI	NG	1,156,561.
			- NOOMEN DERVICED			1,130,301.
3 a Subtotal	2	0				1,156,561.
b Total from continu		0				
sheets to Part I c Totals (add lines 3		0				0.
and 3b)	2	0				1,156,561.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

SCHEDULE F

Part II

1

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

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)
			ecognized as charities by the f			L		1
3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			

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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.

Schedule F (Form 990) 2021	WELLS	OF	LIFE,	INC.

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.

(a) Type of grant or assistance	(b) Region	(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)

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Schedule F (Form 990) 2021

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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.

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SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" o organization entered more than \$				or 19,	or if the	2021
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for ins	truction	s and	the latest informati	on.		Inspection
Name of the organization		F LIFE, INC.					45-1496	entification number 5631
	complete this part	 Complete if the organization answ 	vered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the follow e Solicit f Solicit g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundra al (includ professio	non-g gover lising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		I						
		n is registered or licensed to solicit	t contrib	utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			RUN4WATER	GALA		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anr					. ,	
Revenue	1	Gross receipts	209,075.	1,815,661.		2,024,736.
æ		Less: Contributions	209,075.			2,024,736.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	_					
per	6	Rent/facility costs				
Ê	7	Food and however				
irec	7	Food and beverages				
Δ	0	Entortainmont				
	8 9	Entertainment Other direct expenses	9,320.	59,561.		68,881.
	9 10					68,881.
		Net income summary. Subtract line 10 from li	()			-68,881.
Pa						00,001
		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,, _		
			() 5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
evel						
ŭ	1	Gross revenue				
s	2	Cash prizes				
Expenses						
kpe	3	Noncash prizes				
μ						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	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)		····· •	
-	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ad				Yes No
a	IT "	No," explain:				
10~	M/-	ere any of the organization's gaming licenses re	woked susponded or to	rminated during the tax y	100r?	Yes No
		,				
J.		Yes," explain:				
	_					
13208	32 10	0-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021 WELLS	OF LIFE, INC.	45-1496631 Page 3
	with nonmembers?	
12 Is the organization a grantor, beneficiary or trus	ee of a trust, or a member of a partnership or other entity formed	
13 Indicate the percentage of gaming activity conc	urted in:	
		13a %
	prepares the organization's gaming/special events books and recor	
Name 🕨		
Address 🕨		
15a Does the organization have a contract with a th	rd party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue re	ceived by the organization 🕨 💲 and the am	ount
of gaming revenue retained by the third party $lacksquare$	▶\$	
${f c}$ If "Yes," enter name and address of the third pa	rty:	
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Gaming manager compensation 🕨 💲		
Description of services provided 🕨		
Director/officer Employ	e Independent contractor	
17 Mandatory distributions:		
	nake charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
	r state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the Part IV Supplemental Information. Pro	tax year ▶ \$ vide the explanations required by Part I, line 2b, columns (iii) and (v)	v and Dart III, lines 0, 0h, 10h
	so provide any additional information. See instructions.	r; and Part III, lines 9, 90, 100,
132083 10-21-21	39	Schedule G (Form 990) 2021

Part IV	Supplemental Information (continued)
	Schedule G (Form 99
132084 11-18-	

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40 2021.05000 WELLS OF LIFE, INC. 612600_1

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	71	
		Compensated Employees		20		1
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio			identificatio		nber
_		WELLS OF LIFE, INC.	45-3	149663	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
	_	ation and gross-up payments	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3	,	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation but available in Part III.	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	X Form 990 of o		ommittoo			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				x
		eive payment from an equity-based compensation arrangement?				x
•		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) NICHOLAS P. JORDAN	(i)	171,673.	40,000.	0.	0.	0.	211,673.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

INC.

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45 - 1496631

FORM 990, PART VI, SECTION A, LINE 2:

MICHELLE YEGSIGIAN AND NICHOLAS JORDAN ARE MARRIED.

WELLS OF LIFE,

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:

NICHOLAS P. JORDAN

200 SPECTRUM CENTER DRIVE, SUITE 300, IRVINE, CA 92618

(855) - 935 - 5763

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR RETURN WAS CONSOLIDATED. CURRENT YEAR RETURN IS

STAND ALONE.

-83,891.

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Schedule O (Form 990) 2021

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