Form 99	O
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** PUBLIC DISCLOSURE COPY ** EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2022 calendar year, or tax year beginning and	ending		
В с а	heck if oplicab	e: C Name of organization		D Employer identified	cation number
	Addre	e WELLS OF LIFE, INC.			
	Name] Chang	e Doing business as		45-14966	31
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Feturn	29222 RANCHO VIEJO RD., SUITE 204		855-935-	5763
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,836,759.
	Amen return			H(a) Is this a group re	
	Applic tion			for subordinates	
L	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
і т	22.02	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527		list. See instructions
	/ebsi			H(c) Group exemption	
		roganization: X Corporation Trust Association Other	I Voor		I State of legal domicile: CA
	rt I	Summary			State of legal dominitie, CA
<u> </u>		Briefly describe the organization's mission or most significant activities: WELLS	פ הד ד	TEE TO NON-I	
ø	1				
Governance	_	CHRISTIAN WATER DEVELOPMENT ORGANIZATION			
ern	2	Check this box if the organization discontinued its operations or dispos			_
Š	3				7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			9
Activities &	6	Total number of volunteers (estimate if necessary)		6	10
lcti	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>		0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,390,895.	3,745,761.
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		260.	-1,779.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-68,881.	-150,067.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,322,274.	3,593,915.
	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.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		488,989.	481,380.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	229,462.
Expenses		Total fundraising expenses (Part IX, column (A), line 11e)	20		22571021
Ä				1,530,501.	2,197,897.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,019,490.	2,908,739.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			· · ·
	19	Revenue less expenses. Subtract line 18 from line 12		1,302,784.	<u>685,176.</u>
50			Dt	eginning of Current Year	End of Year
s or nces					
ssets or salances	20	Total assets (Part X, line 16)		2,900,393.	3,875,273.
et Assets or and Balances	20 21	Total liabilities (Part X, line 26)		56,084.	345,789.
ER_	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			
Pa	22 rt II	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block		56,084. 2,844,309.	345,789. 3,529,484.
Pa	22 rt II	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		56,084. 2,844,309.	345,789. 3,529,484.
Pa Unde	22 rt II er pena	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	s and statem	56,084. 2,844,309.	345,789. 3,529,484.

Sign	Signature of officer			Date			
Here	PETER CALLAHAN, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	JULIE INCORVINA, CFE CPA			self-employed P00434320			
Preparer	Firm's name REDWITZ , INC			Firm's EIN 33-0850406			
Use Only	Firm's address 3 PARK PLAZA, SUI	TE 1700					
	IRVINE, CA 92614			Phone no. 949 – 753 – 1514			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

orm	990 (2022) WELLS OF LIFE, INC. 45-1496631	Page 2
ar	t III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
	WELLS OF LIFE IS NON-PROFIT CHRISTIAN WATER DEVELOPMENT ORGANIZATION WORKING IN RURAL UGANDA.	1
	Did the organization undertake any significant program services during the year which were not listed on the	
	If "Yes," describe these new services on Schedule O.	s X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a revenue, if any, for each program service reported.	
	(Code:) (Expenses \$2,246,227. including grants of \$) (Revenue \$) BY 2030, HALF OF THE GLOBAL POPULATION IS EXPECTED TO BE LIVING IN)
	WATER-STRESSED CONDITIONS. COMPETITION FOR WATER RESOURCES WILL ONLY	2
	INTENSIFY WITH INCREASING URBANIZATION, POPULATION GROWTH AND THE THREAT OF CLIMATE CHANGE. AS A RESULT, WE CAN EXPECT MORE CONFLICT,	
	DISPLACEMENT AND PUBLIC HEALTH EMERGENCIES. NO ONE STANDS TO SUFFER	
	FROM THE CONSEQUENCES OF WATER INSECURITY MORE THAN CHILDREN.	
	WELLS OF LIFE IS A 501(C)(3) NON-PROFIT CHRISTIAN ORGANIZATION WHOSE	<u>م</u>
	MISSION IS TO PROVIDE RURAL UGANDANS ACCESS TO SAFE, CLEAN WATER	<u> </u>
	THROUGH THE INSTALLATION OR RESTORATION OF SUSTAINABLE BOREHOLE WATE	ER
	WELLS AND WASH (WATER, SANITATION, AND HYGIENE) EDUCATIONAL PROGRAMS	
	BY COMMITTING YOUR SUPPORT FOR CLEAN WATER, YOU GIVE TIME, OPPORTUNI	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
ł	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,246,227.	
;		990 (2022)
	SEE SCHEDULE O FOR CONTINUATION(S)	
0	25 310903 612600.000 2022.04030 WELLS OF LIFE, INC.	61260

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 Form 990 (2022)
 WELLS OF LIFE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	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	-		
5	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	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14-	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	Δ	
ŭ	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			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	056		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
L	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
00	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 23	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		
U		35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	550		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
50	Notes All Forms 000 filese are used to complete Coloradula O	38	х	
Par		1 00	- 23	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		162	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	х	
222004				(2022)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Ne
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
20	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exemptation requires a sympattic exemption requires a fraction of 0.000	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
Ь		10		
	It "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
р 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	F	000	(0000)
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 WELLS OF LIFE, INC.
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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

			_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?				x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
D.			7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				- 11
				x	
	The governing body?			37	
-	Each committee with authority to act on behalf of the governing body?		8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
2	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the fo	orm? 11 a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	es." describe			
	on Schedule O how this was done	,	120	X	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
-	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15b		x
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			'	
40-		a a sa ta sa si ta sa			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		10		x
	taxable entity during the year?		<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
20.01	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50)1(c)(3)s only) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explained)	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest pol	icy, and fina	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
20					
20	NICHOLAS JORDAN - 855-935-5763				
20		RANO, CA	92675		
	NICHOLAS JORDAN - 855-935-5763 29222 RANCHO VIEJO RD., SUITE 204, SAN JUAN CAPISTE	RANO, CA		m 990	(202

Form 990 (2022) WELLS OF LIFE, INC.	45-1496631	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending List all of the organization's current officers, directors, trustees (whether individuals or organizations), re 	5	

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, box 6 of 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.

Name and titleAverage hours per week (list any hours for related organizations below line)Position (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organizations (W-2/1099-MISC/ 1099-NEC)Estimat amount other organizations (W-2/1099-MISC/ 1099-NEC)(1) NICHOLAS P. JORDAN50.00X229,462.0.(1) NICHOLAS P. JORDAN50.00XX60,763.0.(2) CHARLIE HEDGES30.00XX60,763.0.(3) MIKE MARTIN3.00X0.0.0.BOARD MEMBERXX0.0.0.(4) MIKE RAGUSE3.00XX0.0.TREASURERXX0.0.0.(5) MICHELLE YEGSIGIAN15.00XX0.0.	
hours per week (list any hours for related organizations below line)bour, unless person is both an officer and a director/trustee)compensation from the organization (W-2/1099-MISC/ 1099-NEC)compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the organization (W-2/1099-MISC/ 1099-NEC)amount other compensation from the <td>d</td>	d
Week (list any hours for related 	of
(1) NICHOLAS P. JORDAN50.00X229,462.0.EXECUTIVE DIRECTOR30.00X229,462.0.(2) CHARLIE HEDGES30.00X60,763.0.VICE PRESIDENTXX60,763.0.(3) MIKE MARTIN3.00X0.0.BOARD MEMBERX0.0.0.(4) MIKE RAGUSE3.00XX0.TREASURERXX0.0.(5) MICHELLE YEGSIGIAN15.0015.0015.0015.00	
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(1) NICHOLAS P. JORDAN50.00X229,462.0.EXECUTIVE DIRECTOR30.00X229,462.0.(2) CHARLIE HEDGES30.00X60,763.0.VICE PRESIDENTXX60,763.0.(3) MIKE MARTIN3.00X0.0.BOARD MEMBERX0.0.0.(4) MIKE RAGUSE3.00XX0.TREASURERXX0.0.(5) MICHELLE YEGSIGIAN15.0015.0015.0015.00	
(2) CHARLIE HEDGES30.00XXX60,763.0.VICE PRESIDENTXXX60,763.0.(3) MIKE MARTIN3.00X0.0.0.BOARD MEMBERX0.0.0.0.(4) MIKE RAGUSE3.00XX0.0.TREASURERXX0.0.0.(5) MICHELLE YEGSIGIAN15.00444	
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(3) MIKE MARTIN3.000.BOARD MEMBERX0.(4) MIKE RAGUSE3.00TREASURERX(5) MICHELLE YEGSIGIAN15.00	
(3) MIKE MARTIN3.000.BOARD MEMBERX0.(4) MIKE RAGUSE3.00TREASURERX(5) MICHELLE YEGSIGIAN15.00	Ο.
(4) MIKE RAGUSE3.00XX0.0.TREASURER0.0.(5) MICHELLE YEGSIGIAN15.00	
TREASURER X X O. O. (5) MICHELLE YEGSIGIAN 15.00 15.00 15.00 15.00	Ο.
(5) MICHELLE YEGSIGIAN 15.00	
	0.
	0.
(6) PETER CALLAHAN 15.00	
PRESIDENT X X 0. 0.	0.
(7) JACQUELINE DUPONT CARLSON 3.00	
BOARD MEMBER X 0. 0.	0.
(8) SISTER JOAN HOGAN 3.00	
BOARD MEMBER X 0. 0.	0.
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	LIFE, I								45-14	196	631	Pa	ige 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t Co		, ,				
(A) Name and title	(B) Average hours per week	verage Position Report ours per (do not check more than one box, unless person is both an officer and a director/trustee) compens week officer and a director/trustee) from			(D) Reportable compensation from	(E) Reportable compensatic from related	n	Est amo	(F) imate ount c other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		orga and	ensat om the nization relate nization	e on ed
1b Subtotal								290,225.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.290,225.		0.			0.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable)			1
3 Did the organization list any former officer	director, trust	e. k	ev e	mol	ove	e. or	hia	hest compensated emp	ovee on	[Yes	No
line 1a? If "Yes," complete Schedule J for s	uch individual								•		3	_	Х
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual			4	x	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i>	-				-			-			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest complete the	mpensated ind	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	ensat	ion fror	n	
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	ig w	ith c	or wi	hin:	the organization's tax y (B)	ear.		(C)		
Name and business WELLS OF LIFE UGANDA, PLO		AN	JO	KY	A		_	Description of s	ervices	С	ompen		ו
STREET, KISEMENTI, KAMPAI NPJ LLC, 29546 SPOTTED BU	LA, UGAN	DA				AN	_	CONTRACT SER MANAGEMENT A		1	,526	,03	86.
CAPISTRANO, CA 92675		<u> </u>						FUNDRAISING			229	,46	52.
							+						
							+						
2 Total number of independent contractors (i	ncludina but no	ot lin	niter	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•				2			,			Form 9	90 /	0000

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Га	πν		Check if Schedule O			onse	or note to any lin	e in this Part VIII			
				Contai	<u>13 a 163</u>		or note to any int	(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	Membership dues Fundraising events Related organizations Government grants (contri	ributior	1b 1c 1c 1d 1s) 1e		2,092,213.				
contributio		g	All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	d above l lines 1a-	1f 1f 1g	\$	1,653,548.	3,745,761.			
0 0		n	Total. Add lines ta-11				Business Code	5,745,701.			
Program Service Revenue	2	b c d e	All other program service								
-			Total. Add lines 2a-2f								
	3	3	Investment income (inclue other similar amounts) Income from investment of	ding di	vidends,	intere	st, and	159.			159.
	5		Royalties		•	•					
	_				(i) Re		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s)							
			Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	90	,839.					
		b	Less: cost or other basis								
ne			and sales expenses	7b	92	,777.					
/en		с	Gain or (loss)		-1	938.					
Revenue			Net gain or (loss)			<u>.</u>		-1,938.	-1,938.		
Other	8	a	Gross income from fundraisi including \$ 2, contributions reported on Part IV, line 18	092,2 1 line 10	13. of c). See	8a	0.				
		b	Less: direct expenses				150,067.				
		с	Net income or (loss) from	fundra	ising ev	ents		-150,067.			-150,067.
			Gross income from gamir Part IV, line 19			9a					
			Less: direct expenses				I				
			Net income or (loss) from Gross sales of inventory,			<u> </u>					
	10	u	and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from								
		-				o.j	Business Code				
snc	11	а									
Miscellaneous Revenue		b									
ella		с									
lisc		d	All other revenue								
2		е	Total. Add lines 11a-11d		<u></u>	<u></u>					
	12		Total revenue. See instruction	ons				3,593,915.	-1,938.	0.	-149,908.
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WELLS OF LIFE, INC.

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	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	290,224.	217,669.	18,764.	53,791.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	376,921.	269,974.	48,881.	58,066.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	43,697.	30,634.	6,991.	6,072.
11	Fees for services (nonemployees):				
	Management	148,802.	110,751.	18,211.	19,840.
	Legal	8,067.		8,067.	•
	Accounting	88,920.	32,851.	56,069.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	95,933.	14,720.		81,213.
13	Office expenses	84,531.	21,819.	38,245.	24,467.
14	Information technology	01/0011			
15					
16	Royalties Occupancy	45,858.		22,015.	23,843.
17		36,246.	13,584.	22,0131	22,662.
	Travel Payments of travel or entertainment expenses	50,240.	15,5040		22,002.
18					
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings	988.	988.		
20	Interest	1,526,036.	1,526,036.		
21	Payments to affiliates	4,054.	1,520,050.	4,054.	
22	Depreciation, depletion, and amortization	6,214.	4,350.	1,864.	
23		0,214.	4,550.	1,004.	
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.)	110 225		110 005	
a	UNCOLLECTIBLE PLEDGES	118,225.		118,225.	
	BANK CHARGES	10,793.		10,793.	
С	POSTAGE AND MAILING	10,200.		10,200.	0 4 6 1
d	DUES AND SUBSCRIPTIONS	4,922.	0.051	2,461.	2,461.
	All other expenses	8,108.	2,851.	4,552.	705.
25	Total functional expenses. Add lines 1 through 24e	2,908,739.	2,246,227.	369,392.	293,120.
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)				
232010) 12-13-22				Form 990 (2022)
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1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

WELLS OF LIFE, INC. Part IX Statement of Functional Expenses

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

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

(A) Total expenses

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(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

2022.04030 WELLS OF LIFE, INC.

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Form 990 (2022)

1 Cash - non-interest-bearing 320,250.1 6 2 Savings and temporary cash investments 512,229.2 6 3 Pledges and grants receivable, net 2,056,042.3 2,4 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 8 9 Prepaid expenses and deferred charges 6,927.9 9 10a 20,258. 10b 5,716. 415.10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 Intangible assets 14	(B) of year 21,928. 42,311. 63,578. 1,689.
Beginning of year Enc. 1 Cash - non-interest-bearing 320,250.1 6 2 Savings and temporary cash investments 512,229.2 2 6 3 Pledges and grants receivable, net 2,056,042.3 2,4 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6,927.9 10a 20,258. 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14	of year 21,928. 42,311. 63,578.
2 Savings and temporary cash investments 512,229.2 6 3 Pledges and grants receivable, net 2,056,042.3 2,4 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 7 8 9 Prepaid expenses and deferred charges 6,927.9 9 10a 20,258. 8 9 9 Prepaid expenses and deferred charges 11 11 10a 20,258. 11 12 11 Investments - publicly traded securities 11 12 12 11 Investments - other securities. See Part IV, line 11 13 13 14 Intangible assets 14 14	42,311.
2 Savings and temporary cash investments 512,229.2 6 3 Pledges and grants receivable, net 2,056,042.3 2,05 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and defirred charges 6, 927.9 10a 20,258. 11 11 Investments - oublicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14	63,578.
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6, 927. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20, 258. b Less: accumulated depreciation 10b 5, 716. 415. 10c 11 Investments - publicly traded securities 11 12 13 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 14	
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6, 927. 9 10a 20, 258. 8 9 Dess: accumulated depreciation 10b 5, 7116. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Intangible assets 14 15 Other assets. See Part IV, line 11 4, 530. 15	1,689.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6, 927.9 10a 20, 258. 8 b Less: accumulated depreciation 10b 5, 716. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Intangible assets 14	1,689.
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6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6, 927.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20, 258. b Less: accumulated depreciation 10b 5, 716. 415.10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 14 14 Intangible assets 14 14	1,689.
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7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6,927.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,258. b Less: accumulated depreciation 10b 5,716. 415.10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 14 14 Intangible assets 14 14	1,689.
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 6,927.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,258. b Less: accumulated depreciation 10b 5,716. 415.10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530.15 15	1,689.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,258. b Less: accumulated depreciation 10b 5,716. 415. 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 12 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530. 15	1,689.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 20,258. b Less: accumulated depreciation 10b 5,716. 415. 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530. 15	
basis. Complete Part VI of Schedule D 10a 20,258. b Less: accumulated depreciation 10b 5,716. 415. 10c 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530. 15	
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4, 530. 15	
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4, 530. 15	14,542.
12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4, 530. 15	
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530. 15	
14 Intangible assets 14 15 Other assets. See Part IV, line 11 4,530.15	
15 Other assets. See Part IV, line 11 4 , 530 . 15	
	31,225.
	75,273.
17 Accounts payable and accrued expenses 56,084. 17	66,705.
18 Grants payable 18	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
20 Loops and they psychiat to any sympton officer director	
22 Loans and other payables to any current or former onicer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22	
controlled entity or family member of any of these persons 22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 0. 24 1	50,000.
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 0. 25 1	29,084.
26 Total liabilities. Add lines 17 through 25	45,789.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions 441,038. 27 1,3	78,595.
28 Net assets with donor restrictions 2,403,271. 28 2,1	50,889.
C Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	
30 Paid in or capital surplus, or land, building, or equipment fund	
31 Retained earnings, endowment, accumulated income, or other funds 31	
2 32 Total net assets or fund balances 2,844,309.32 3,5	
2 33 Total liabilities and net assets/fund balances 2,900,393.33 33 3,8	29,484.

Part X Balance Sheet

Form 990 (2022)

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WELLS OF LIFE, INC.

Form	1990 (2022) WELLS OF LIFE, INC.	45-1	496631	Pag	_{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	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,593		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,908	3 , 73	<u>39.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	685		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,844	.,3	<u>09.</u>
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		-	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,529),48	84.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		200	L

Form **990** (2022)

232012 12-13-22

SCH	EDU	LE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
-			<u>S OF LIFE,</u>	INC.					5-1496631
Pa	τI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The o	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(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	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on								
			-						Sheck the box on
		lines 12a through 12d that	• •					-	aivina
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
h		Type II. A supporting org			ion with it	e cupporte	od organizatio	n(c) by boy	ling
b	L	control or management o	-				-		•
		organization(s). You mus			ane perso	113 11121 001		je trie supp	Joned
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	ad with
Ŭ	L	its supported organization						ly integrate	i with,
d		Type III non-functionally	. , .	•				ted organiz	zation(s)
		that is not functionally int	• •				••	Ũ	
		requirement (see instructi			•				
е		Check this box if the orga	,	•				II. Type III	
-		functionally integrated, or						,	
f	Ente	r the number of supported c		, , , , , , , , , , , , , , , , , , , ,	5 5				
g	Prov	ide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota									

WELLS OF LIFE, INC.

4	5-	1	4	9(56	53	1	Page	2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1333512.	1511795.	1721616.	3373717.	3745761.	<u>11686401.</u>
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	1000510	4 - 4 4 - 6 6 -	1 1 0 1 6 1 6	2282848	0045064	11.000404
	Total. Add lines 1 through 3	1333512.	1511795.	1721616.	3373717.	3745761.	11686401.
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)						1043561.
~							1043501.
	Public support. Subtract line 5 from line 4. ction B. Total Support						μ0042040.
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2010	(a) 2020	(d) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2018 1333512.	(b)2019 1511795.	(c) 2020 1721616.	(d) 2021 3373717.	(e) 2022 3745761	(f) Total 11686401.
	Gross income from interest,	10000120	1011/001	1/210101	55757170	57157010	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	184.	164.	1,117.	260.	159.	1,884.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on	15,095.					15,095.
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						11703380.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	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	ic Support Per	centage			r - r	
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	90.94 %
	Public support percentage from 2021					15	90.00 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	ranization	-	
p.	meets the facts-and-circumstances te	-		• • • •	-	Za and line 15 is	
C	10% -facts-and-circumstances test	0				-	
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization				• •		······
				a, 100, 170, 01 170	, encor this box a		(Form 990) 2022
							· · · · · · · · · · · · · · · · · · ·

232022 12-09-22

	Schedule A (Form 9	990)	202
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WELLS OF LIFE, INC.

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

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

Sec	Stion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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							
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							
Ŭ	furnished by a governmental unit to							
~	the organization without charge						<u> </u>	
	Total. Add lines 1 through 5							
/a	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							
8	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total	
	Amounts from line 6			(0) 2020				
	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							
	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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,	
Sec	ction C. Computation of Publ	ic Support Per	centage					
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13, o	column (f))		15	%	
	Public support percentage from 2021					16	%	
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	1 0					17	%	
18	Investment income percentage from					18	%	
19a	33 1/3% support tests - 2022. If the						ine 17 is not	
	more than 33 1/3%, check this box a	-	•					
b	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che			-		-	tion	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins			
23202	23 12-09-22		16			Schee	dule A (Form 990) 2022	

2022.04030 WELLS OF LIFE, INC.

1

2

3a

3b

Yes No

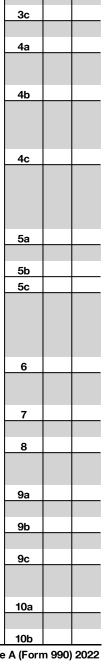
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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?
- 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 disgualified 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.)

232024 12-09-22



Schedule A (Form 990) 2022

2022.04030 WELLS OF LIFE, INC.

17

Schedule A (Form 990) 2022	WELLS	OF	LIFE,	INC.
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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</i> (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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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? <i>If</i> "Yes," <i>explain in</i> Part VI <i>how providing such benefit carried out the purposes of the supported organization</i> (s) that operated, event is a supported organization of the supported organization of the supported organization of the organization of the organization of the supported organization of the organization of the supported organization of the supported organization of the organization of the organization of the purposes of the supported organization(s) that operated, event of the organization of the o	1		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 instructions).
		· /

- 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 governmental entity (see instructions).
•	The organization supported a governmental ontry.	Describe in the thore you supported a governmental 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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

20091025 310903 612600.000

2022.04030 WELLS OF LIFE, INC.

612600.1

Yes No

1						
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	T		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	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 integrated	d Type III supporting orga	nization (see		

 Schedule A (Form 990) 2022
 WELLS OF LIFE, INC.

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

instructions).

Schedule A (Form 990) 2022

45-1496631 Page 6

232026 12-09-22

2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 (i) (ii) Underdistributions **Excess Distributions** Pre-2022 Distributable amount for 2022 from Section C, line 6 able cause required - explain in Part VI). See instructions. a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. \$

Amounts paid to perform activity that directly furthers exempt purposes of supported

9 **10** Line 8 amount divided by line 9 amount (iii) Distributable Section E - Distribution Allocations (see instructions) Amount for 2022 1 2 Underdistributions, if any, for years prior to 2022 (reason-3 Excess distributions carryover, if any, to 2022 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019

Schedule A (Form 990) 2022

1

Current Year

232027 12-09-22

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

WELLS OF LIFE, INC.

1 Amounts paid to supported organizations to accomplish exempt purposes

edule A (Form 990) 2022	WELLS	OF	LIFE,	INC.			45-1496631	Pag
	line 1; Part IV, Section A, lines Section D, lines 5, 6, and	1, 2, 3b, 3c, 4), lines 2 and 3	b, 4c, 5 3; Part I	oa, 6, 9a, 9 V, Sectior	96, 9c, 11a, 1 E, lines 1c, 1	1b, and 11c; Par 2a, 2b, 3a, and 3	t IV, Section B, line b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa itional information.	n C, art V,
	(See instructions.)								
8 12-09-22)							Schedule A (Form §	

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
		\times
otal Excess Contributions to Schedule A, Part II, Line 5		1,043,561

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

45-1496631

	WELLS OF LIFE, INC.
Organization type (ch	eck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	$\sqrt{1047}$

- 23	So (c)(S) (enter humber) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
	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.

General Rule

Form 990-PF

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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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) (2022)

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>92,777.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>349,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$240,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>172,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	5-22		Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

Name of organization

Page 3
Employer identification number

45-1496631

WELLS OF LIFE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(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
		\$	

2022.04030 WELLS OF LIFE, INC.

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Name of o	rganization			Employer identification number
VELLS	OF LIFE, INC.			45-1496631
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations	hat total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of gift		
-	Transferee's name, address,			insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4		Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of gift		
	Transferee's name, address,			Insferor to transferee
23454 11-15				Schedule B (Form 990) (202
		26		

20091025 310903 612600.000

2022.04030 WELLS OF LIFE, INC. 612600.1

	HEDULE D n 990)	Complete if the orga	Al Financial Statemer nization answered "Yes" on Form 99 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	90,	F	OMB No. 1545	<u>5-0047</u>
Depart	ment of the Treasury	Α	ttach to Form 990.			Open to P	
	I Revenue Service		0 for instructions and the latest infor	rmation.		Inspection	
Nam	e of the organizatio	N WELLS OF LIFE, INC.			Employer id	entification i -149663	
Par	t I Organizat	tions Maintaining Donor Advise		ds or Acc			±
		answered "Yes" on Form 990, Part IV, lin			00		
			(a) Donor advised funds	(b) Funds and c	ther account	s
1	Total number at end	d of year			•		
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5		n inform all donors and donor advisors in v		lvised funds	<u> </u>		
Ŭ	-	n's property, subject to the organization's	-		_	Yes	No
6		n inform all grantees, donors, and donor a					
Ŭ	-	pses and not for the benefit of the donor of			•		
		te benefit?			-	Yes	No
Par		tion Easements. Complete if the org					
1		ervation easements held by the organization		, i aitiv, i			
		of land for public use (for example, recreation	(11,57	n of a histor	rically importar	at land area	
		natural habitat			ied historic str		
				n or a certin		ucture	
0		of open space	ind concernation contribution in the fo	rm of a con	convotion coor	mont on the	laat
2	day of the tax year.	hrough 2d if the organization held a qualif	led conservation contribution in the lo	rm or a con:		he End of the	
		nservation easements			2a		
b	•	• • • • • • • • • • • • • • • • • • • •		F	2b		
C		ation easements on a certified historic stru		·····	2c		
d		ation easements included in (c) acquired a					
_		ted in the National Register			2d		
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by	the organiza	ation during th	ie tax	
	year						
4		here property subject to conservation eas		_			
5		on have a written policy regarding the per			_	r	
	,	rcement of the conservation easements it				Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation	n easements d	uring the yea	r
7	Amount of expense	s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation ease	ements during	the year	
8		ation easement reported on line 2(d) abov					
		4)(B)(ii)?				Yes	No
9	In Part XIII, describe	e how the organization reports conservation	on easements in its revenue and exper	nse stateme	ent and		
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial state	ements that	t describes the)	
_		unting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	<u></u>			
Par		tions Maintaining Collections of		Other Si	milar Asset	IS.	
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statemer	nt and balar	nce sheet work	(S	
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research i	n furtheranc	ce of public		
	service, provide in F	Part XIII the text of the footnote to its finar	icial statements that describes these it	tems.			
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement ar	nd balance s	sheet works o	f	
	art, historical treasu	ires, or other similar assets held for public	exhibition, education, or research in fi	urtherance of	of public servi	ce,	
	provide the followin	g amounts relating to these items:					
	(i) Revenue includ	ed on Form 990, Part VIII, line 1			\$		
2	If the organization r	eceived or held works of art, historical trea					
		nts required to be reported under FASB A					
а		on Form 990, Part VIII, line 1			\$		
		Form 990, Part X					
		duction Act Notice, see the Instructions				le D (Form 9	90) 2022
	- I 09-01-22						
			27				
0910	25 310903	612600.000	2022.04030 WELLS O	F LIFE	, INC.	e	512600

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<u>содд</u> .	04030	NUTUDS	OT.	

	dule D (Form 990) 2022 WELLS O t III Organizations Maintaining C	F LIFE, IN Collections of Ar	C.	orical Tre	asures or	Other		45-14 Assets			age 2
3	Using the organization's acquisition, accessi								(contil	nued)	
5	collection items (check all that apply):	on, and other record		tany of the	ionowing that h	liane sig	nincant t	136 01 113			
а	Public exhibition	(L F	Loan or exc	hange program	ı					
b	Scholarly research				nange program						
c	Preservation for future generations										-
4	Provide a description of the organization's co	ollections and explai	n how th	nev further th	ne organization	's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	•			•						
-	to be sold to raise funds rather than to be ma				-				Yes		No
Par	t IV Escrow and Custodial Arran										-
	reported an amount on Form 990, Pa			•							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for o	contribution	s or other asse	ts not in	cluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for e	escrow or cu	ustodial accour	nt liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) F	Prior year	(c) Two years	back (d) Three y	ears back	(e) Fou	r years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			g, column (aj)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с		<u>%</u>									
0-	The percentages on lines 2a, 2b, and 2c sho	•	- 4: 41	t ava la al al av							
Ja	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid ar	na administered	a for the			1	Yes	No
	organization by:								20(1)	103	
	(i) Unrelated organizations								3a(i) 3a(ii)		
h	(ii) Related organizations	ations listed as requi	red on S	chedule R2					3b		
4	Describe in Part XIII the intended uses of the								50		L
	t VI Land, Buildings, and Equipm		witherit	iunus.							
	Complete if the organization answere), Part IV	/, line 11a. S	See Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulate	bd	(d) Boo	k valu	e
		basis (investi			(other)	. ,	reciation	-	, 200		-
1 a	Land		,	1							
	Buildings										
	Leasehold improvements										
	Equipment			2	0,258.		5,71	16.	1	4,5	42.
	Other									-	
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)				1	4,5	42.
								Cabadula			

Schedule D (Form 990) 2022

232052 09-01-22

Part VII	Investo	nents -	Other Secu	rities		
Schedule D) (Form 990) 2022	WELLS	OF	LIFE,	INC

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
I) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(↔) (H)			
otal. (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	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
., .	(2) 2001 1000		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
-		11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3)	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3) (4)	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3) (4) (5)	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3) (4) (5) (6)	Description		(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3) (4) (5) (6) (7)	Description		
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITIES (3) (4) (5) (6)	Description		(b) Book value

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 WELLS OF LIFE, INC.			45-2	1496631	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With				6
	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	3,743,	981.
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.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,743,	981.
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	-150,067.			
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,593,	914.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	n Expenses per R	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,058,	,806.
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.)	2d	150,067.			
е	Add lines 2a through 2d			2e		.067.
3	Subtract line 2e from line 1			3	2,908,	,739.
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	2,908,	,739.
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
232054 09-01-22 Schedule D (Form 990) 2022 30
091025 310903 612600 000 2022 04030 WELLS OF LIFE INC 612600

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

150,067.

-150<u>,067.</u>

Schedule D (Form 990) 2022

232055 09-01-22

20091025 310903 612600.000

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	ited Sta	tes	OMB No. 1545-0047
		e organization a		2022		
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer	identification number
WELLS OF LIFE,	INC.				45-14	96631
Part I General Inf	ormation on A	ctivities Out	side the United States. Comple	ete if the orgar	ization answ	ered "Yes" on
Form 990, Par					· .	
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistand	ce outside the
		1	an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service specific typ (s) in the reg	e expenditures for and investments
UGANDA	2		PROGRAM SERVICES	WELL DRILLI	NG	1,526,036.
3 a Subtotal		0				1,526,036.
b Total from continuation sheets to Part I		0				0.
sheets to Part I c Totals (add lines 3a						0.
and 3b)		0				1,526,036.

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

Schedule F (Form 990) 2022

232071 10-17-22

232072 10-17-22

					(a) Type of grant or assistance	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed	Schedule F (Form 990) 2022
					 (b) Region	additional space is needed	WELLS OF LIFE,
					(c) Number of recipients	e the United Sta <u>1</u> .	, INC.
Sched					(d) Amount of cash grant	tes. Complete i	
					(e) Manner of cash disbursement	t IV, lin	4
					(f) Amount of noncash assistance		45-1496631
					(g) Description of noncash assistance		
Schedule F (Form 990) 2022					(h) Method of valuation (book, FMV, appraisal, other)		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," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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.

32075 10-17-22	Schedul	le F (Form 990) 202

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990)	Complete if the	or if the	2022							
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.							Open to Public		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection		
							Employer ide	r identification number		
Part I Fundrais										
required to	required to complete this part.									
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 										
		art VII) or entity in connection with pr viduals or entities (fundraisers) pursua			U	ne fur	Ye draiser is to b			
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres or entity (func		(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
Totol				1						
Total 3 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration										
or licensing.										

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

Schedule G (Form 990) 2022

232081 10-27-22

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	(d) Total events
					NONE	(add col. (a) through
			RUN4WATER	GALA		col. (c))
Ø			(event type)	(event type)	(total number)	
nue						
Revenue	1	Gross receipts	278,036.	1,814,177.		2,092,213.
ш			070 026	1 014 100		0 000 010
	2	Less: Contributions	278,036.	1,814,177.		2,092,213.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	-					
	5	Noncash prizes				
es						
Direct Expenses	6	Rent/facility costs				
ЦХр						
sct	7	Food and beverages				
Dir						
	8	Entertainment	<u> </u>	00.051		150.000
	9	Other direct expenses	60,796.	89,271.		150,067.
	10	, , , , , , , , , , , , , , , , , , , ,				150,067.
Pa		Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		000 Dart IV/ line 10 are		-150,067.
10		\$15,000 on Form 990-EZ, line 6a.	answered res on ronn	1990, Fart IV, line 19, 011	eported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
S	2	Cash prizes				
Expenses						
xpe	3	Noncash prizes				
ш с						
Direct	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	0	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		<u></u>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b) I† "	Yes," explain:				
2320	32 10)-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022	WELLS	OF	LIFE,	INC.		45-1	496631	Page 3
11	Does the organization conduct ga							Yes	No
12						r of a partnership or other entity formed		Yes	No
13	Indicate the percentage of gamin							res	
								13a	%
								13b	%
14	Enter the name and address of the	e person who	prep	ares the or	ganization	s gaming/special events books and recor	ds:		
	Name								
	Address								
15a	Does the organization have a cor	itract with a th	ird pa	arty from w	hom the o	rganization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam	ning revenue re	eceive	ed by the o	rganizatior	n \$ and the an	nount		
	of gaming revenue retained by th		-						
c	: If "Yes," enter name and address	of the third pa	arty:						
	Name								
	Address								
16	Gaming manager information:								
	5 5								
	Name								
	Gaming manager compensation	\$							
		Ŧ							
	Description of services provided								
	Director/officer	Employ	ee	l	Indep	endent contractor			
17	Mandatory distributions:								
	Is the organization required unde	r state law to r	nake	charitable	distributio	ns from the gaming proceeds to			
	retain the state gaming license?							Yes	No No
b	Enter the amount of distributions organization's own exempt activition	•			e distribute	d to other exempt organizations or spent	in the		
Pa					ations requ	uired by Part I, line 2b, columns (iii) and (v	; and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. A	lso p	rovide any	additional	information. See instructions.			
2320	83 10-27-22				39		Schedu	ıle G (Form	990) 2022
~ ~					22	04000			6406

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Schedule G	a (Form 990) Supplemental Info	WELLS OF LIFE,	INC.	45-1496631 Page 4
Part IV	Supplemental Info	rmation (continued)		
				Calcadada O /E 000
232084 04-01-	22			Schedule G (Form 990

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2	<u> </u>
-	-	Compensated Employees		20	22	-
Depar	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
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		WELLS OF LIFE, INC.	45-1	49663	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chei)			
h	If any of the bayes	on line to are checked, did the graphization follow a written policy regarding powerst or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which, if a	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				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
		5				
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	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r					
						X
b	Any related organiz			5 b		X
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r					v
						X X
b	Any related organiz			<u>6b</u>		
7		or 6b, describe in Part III.				
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
٥		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		7		
8	•			8		x
9		id the organization also follow the rebuttable presumption procedure described in		····· 0		
3		a the organization also follow the rebuttable presumption procedure described in a second s				
ТНА		eduction Act Notice, see the Instructions for Form 990.		၂ ୨ Iule J (Forn	n 900	022
			ocneu		. 550)	, _022

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Schedule J (Form 990) 2022	Schedu						
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(1)
							(ii)
							(1)
							(1)
							(0)
							(ii)
							(1)
							(1)
							(1)
0.	0.	0.	0.	0.	0.	0.	EXECUTIVE DIRECTOR (ii)
0.	229,462.	0.	0.	0.	50,000.	179,462.	(1) NICHOLAS P. JORDAN (i)
reported as deferred on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation in column (B)	(E) Total of columns (B)(i)-(D)	(D) Nontaxable benefits	(C) Retirement and other deferred	C and/or 1099-NEC	-2 and/or 1099-MISC compensation	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	
ridual.	amounts for that indi	tble column (D) and (E)	ction A, line 1a, applica	orm 990, Part VII, Se	ne total amount of Fc	lividual must equal th	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.
uctions, on row (ii).	, described in the instr	ו related organizations,	ation on row (i) and fron	on from the organiza	, report compensati	oorted on Schedule J 190, Part VII.	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.
		if additional space is needed.	te copies if additional s	oyees. Use duplicat	compensated Emplo	yees, and Highest C	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies
Page 2		531	45-1496631		•	F LIFE, INC.	Schedule J (Form 990) 2022 WELLS OF LIFE,

90) 2022	Schedule J (Form 990) 2022	
	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.	Provide the information, explanation, or desc
Page 3	WELLS OF LIFE, INC. 45-1496631 Pag	Schedule J (Form 990) 2022 WEL:

232113 10-18-22

SCHEDULE O (Form 990)

Name of the organization



WELLS OF LIFE, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION, AND EMPOWERMENT. WHEN A COMMUNITY RECEIVES CLEAN WATER, THEY

ARE GIVEN THE RESOURCES OF HEALTH, HYGIENE, AND TIME TO CREATE A MORE

WE CONTINUE TO WORK CLOSELY WITH THE KINGDOM OF SUSTAINABLE SOCIETY.

BUGANDA AND THE PRIME MINISTER CHARLES PETER MAYIGA. THANKS TO OUR

OUR WELLS ARE COLLECTIVELY SERVING MORE THAN 1 MILLION SUPPORTERS,

PEOPLE.

WE ARE TACKLING THE WORLDWIDE CRISIS OF THE SHORTAGE OF CLEAN DRINKING WATER IN THE SPIRIT OF MATTHEW 17:20, "IF YOU HAVE FAITH AS SMALL AS A MUSTARD SEED, YOU CAN MOVE MOUNTAINS." WE ARE A GROUP OF INDIVIDUALS. FAMILIES, SCHOOLS, CHURCHES, AND BUSINESSES THAT ARE COMMITTED TO FORMING IN AMERICA AN UNDERSTANDING OF THE DICTATES OF 1 JOHN 3:18, TO NOT LOVE WITH ONLY WORDS OR SPEECH, BUT WITH ACTIONS AND IN A SPECIFIC APPLICATION THAT IS CRITICALLY NEEDED, QUICKLY ACCOMPLISHED IMMEDIATELY VERIFIABLE AND EFFECTIVE, AND EASILY REPLICATED TO SCALE. A CHILD DIES IN EAST AFRICA FROM THE ILL EFFECTS OF CONTAMINATED WATER EVERY 21 SECONDS. ONE CHILD IN FIVE DIES BEFORE REACHING THEIR FIFTH BIRTHDAY OF CAUSES DIRECTLY ATTRIBUTABLE TO INGESTING CONTAMINATED EVEN THOUGH GOD'S CLEAN, LIFE-SAVING, SIGHT-PRESERVING WATER IS WATER. ONLY A FEW DOZEN YARDS DIRECTLY UNDER THEIR FEET.

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

MICHELLE YEGSIGIAN AND NICHOLAS JORDAN ARE MARRIED.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization WELLS OF LIFE, INC.	Employer identification number $45 - 1496631$
THE BOARD CONDUCTS A FORMAL REVIEW AT SCHEDULED BOARD MEET	INGS 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 STATEME	NT EACH YEAR,
CONFIRMING THAT THEY ARE IN COMPLIANCE WITH THE ORGANIZATI	ON'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

29222 RANCHO VIEJO RD. #204

SAN JUAN CAPISTRANO, CA 92675

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

ROUNDING

-1.

232212 10-28-22

Schedule R (Form 990) 2022	Schedule				for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
×				UGANDA	WELL DRILLING	WELLS OF LIFE UGANDA PLOT 80, KANJOKYA STREET, KISEMENTI KAMPALA, UGANDA
(g) Section 512(b)(13) entity? Yes No	(f) Direct controlling entity	(e) Public charity Dire status (if section 501(c)(3))	(d) Exempt Code Put section statu 5	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN of related organization
xempt	e related tax-e	se it had one or more	art IV, line 34, becaus	answered "Yes" on Form 990, Pa	ions. Complete if the organization a	Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.
(f) Direct controlling entity		(e) End-of-year assets	(d) Total income	(c) Legal domicile (state or foreign country)	(b) Primary activity	(a) Name, address, and EIN (if applicable) of disregarded entity
				on Form 990, Part IV, line 33.	if the organization answered "Yes"	Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
Employer identification number 45-1496631	mployer identificatio 45-1496631	<u> </u>			INC.	Name of the organization WELLS OF LIFE,
Open to Public Inspection			information.	90 for instructions and the latest info	Go to www.irs.gov/Form990 for instructions and the latest	Department of the Treasury Internal Revenue Service
2022			1erships 13, 34, 35b, 36, or 37	and Unrelated Partr ss" on Form 990, Part IV, line 3	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	(Form 990) Complet
OMB No. 1545-0047	_		1			

232161 09-14-22 LHA

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990) 2022	Schedule R (Form 990) 2022	Schedule					I				232162 09-14-22	232162
Section 512(b)(13) controlled entity? Yes No	ship ip	of ts		Share	Type of entity (C corp, S corp, or trust)	y y	y) n or nicile	ctivity	Prim	ΞΞ	Name, address, and EIN of related organization	
Ξ	(h)	(g)		(f)	(e)	(d)	(c)	(d)			(a)	
) related	one or more	on Form 990, Part IV, line 34, because it had one or more related	art IV, line 34,	orm 990, Pε	yred "Yes" on F	Complete if the organization answered "Yes"	mplete if the o		as a Corpo	ganizations Taxable	t IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	Part IV
										•		
wnership	partner? Yes No	20 of Schedule K-1 (Form 1065)		end-ot-year assets		elated, income tax under 2-514)	(related, unrelated, excluded from tax under sections 512-514)	entity	(state or foreign country)		of related organization	
(K) ercentage		(I) Code V-UBI	(n) Disproportionate	(g) Share of		ស	(e) Predominant i	olling	(c) Legal	(b) Primary activity	(a) Name, address, and EIN	
									ax year.		and the second	
	re related	it had one or mor	34, because	Part IV, line	" on Form 990,	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	the organizatio		as a Partne	ganizations Taxable	t III Identification of Related Organizations Taxable as a Partnership.	Part III
Page 2	6631	45-1496631							INC.	S OF LIFE,	Schedule R (Form 990) 2022 WELLS	Sched

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Schedule R (Form 990) 2022	Schedule R			232163 09-14-22
				(6)
				(5)
				(4)
				(3)
				(2)
	ACTUAL CASH PAYMENTS	1,526,036.	R	(1) WELLS OF LIFE UGANDA
lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
	covered relationships and transaction thresholds.	nis line, including covered r	no must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including
1s X				S Other transfer of cash or property from related organization(s)
*				
1p X				 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
10 X			:	
tn X			C	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
11 X			hization(s)	I Performance of services or membership or fundraising solicitations for related organization(s)
				J Lease of facilities, equipment, or other assets to related organization(s)
				h Purchase of assets from related organization(s)
1g X				g Sale of assets to related organization(s)
tf X				f Dividends from related organization(s)
1e X				e Loans or loan guarantees by related organization(s)
1d X				d Loans or loan guarantees to or for related organization(s)
				ŝ
1b X				b Gift, grant, or capital contribution to related organization(s)
1a X			,	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Yes No	1 Parts II-W?	lated organizations listed i	; with one or more re	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
-	or 36.	n 990, Part IV, line 34, 35b	wered "Yes" on Form	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 350, or 36
		- ~~~		

Schedule R (Form 990) 2022 WELLS OF LIFE, INC.

45-1496631 Page 3

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990,	ble as a Partnership. Cor	nplete if the organ	ization answered "Yes	" on Form	990, Part IV, line 37.	7.					
Provide the following information for each entity taxed as a partnership through which the organization conducted more than that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	entity taxed as a partnersh structions regarding exclus	ip through which t ion for certain inve	he organization conducestment partnerships.	cted more		five percent of its activities (measured by total assets or gross revenue)	sured	by tot.	al assets or gr	oss rev	enue)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	_	Are all Are all partners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	or- am of ((i) (j) Code V-UBI General or F amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No	(j) General or managing partner? Yes NO	(j) (k) General or Percentage managing partner? ves No

Schedule R (Form 990) 2022 WELLS OF LIFE, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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