

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WELLS 4 WELLNESS INC		D Employer identification number 46-0651638
	Doing business as		E Telephone number 309-236-1301
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 233		
	City or town, state or province, country, and ZIP or foreign postal code MOLINE IL 61266		G Gross receipts \$ 202,643
F Name and address of principal officer: PAT HERATH 5242 S. COBBLE CREEK ROAD SALT LAKE CITY UT 84117			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2012 M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE IMPORTANCE OF CLEAN WATER AND RAISE FUNDS FOR THE DRILLING AND CREATION OF WELLS TO SUPPLY CLEAN WATER IN NIGER, AFRICA.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	6
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 166,364 Current Year: 202,558
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70 85
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,434 202,643
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	155,132 122,001
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,348	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,023 20,360
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	170,155 142,361	
19 Revenue less expenses. Subtract line 18 from line 12	-3,721 60,282	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 80,406 End of Year: 141,141
	21 Total liabilities (Part X, line 26)	0 453
	22 Net assets or fund balances. Subtract line 21 from line 20	80,406 140,688

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	PAT HERATH Type or print name and title	PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name RANDY SOVEY, CPA	Preparer's signature RANDY SOVEY, CPA	Date 08/23/22	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P00436132
	Firm's name ▶ CENTENNIAL TAX & ACCOUNTING, INC.	Firm's EIN ▶ 83-2899074		
	Firm's address ▶ 100 E KIMBERLY RD STE 500 DAVENPORT, IA 52806	Phone no. 563-900-5900		

May the IRS discuss this return with the preparer shown above? See instructions Yes No