

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.



Α	A For the 2022 calendar year, or tax year beginning and ending				
	Check if applicab	le: C Name of organization		D Employer identific	ation number
	Addre	WELLBEING INTERNATIONAL, INC.			
	Name			83-159363	34
	Initial return		Room/suite	E Telephone number	
	Final returr	9812 FALLS ROAD	L14288	(240)778-	-4465
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	229,807.
	Amer	POTOMAC, MD 20854		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes 🗶 No
		SAME AS C ABOVE		H(b) Are all subordinates ind	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) 4947(a)(1) o	or 527		list. See instructions
	Webs			H(c) Group exemption	
	Form o <b>art 1</b>	f organization: X Corporation Trust Association Other Summary	<b>L</b> Year (	of formation: 2018  M	I State of legal domicile: DE
	1	Briefly describe the organization's mission or most significant activities: SEE P	ד ייים גמ		
e	1	Briefly describe the organization's mission or most significant activities:	ANI I		
Jan	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets
veri	3	5			7
Ő	4	Number of independent voting members of the governing body (Part VI, line 1d)			5
20 20	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)		10	
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		170,257.	232,104.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-2,297.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		170,257.	229,807.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,968.	94,855.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 2,00		109,491.	141,739.
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		135,459.	236,594.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,798.	-6,787.
or	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)		176,644.	128,099.
Assets	20			62,737.	20,979.
5.5		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		113,907.	107,120.
P	art 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.

	Kathlen Bauan	March 20, 2023				
Sign	Signature of officer	Date				
Here	KATHLEEN ROWAN, SECRETARY & CEO					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check PTIN				
Paid	RICHARD J. LOCASTRO, CPA Rubad J. Locastro	3/20/23 <sup>If</sup> self-employed P00288314				
Preparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008				
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N					
	BETHESDA, MD 20814-2930	Phone no. 301 - 951 - 9090				
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)					

		8-1593634	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: WELLBEING INTERNATIONAL SEEKS TO ACHIEVE OPTIMAL WELLBEING	FOR PEOPL	E.
	ANIMALS, AND THE ENVIRONMENT THROUGH COLLABORATIVE ENGAGEME		_/
	EDUCATION, DIRECT CARE, AND SCIENCE.	•	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	XYes	└── No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a		MANACENE	)
	BUILD HEALTHY, HUMANE COMMUNITIES: WBI CHAMPIONS HUMANE DOG TO IMPROVE THE WELFARE OF DOGS IN COMMUNITIES. THIS APPROAC		
	IMPROVE COMMUNITIES' MENTAL AND PHYSICAL HEALTH BY ENHANCIN		
	HUMAN-ANIMAL BONDS AND REDUCING THE INCIDENCE OF INFECTION,		AND
	NUISANCE. IN 2022, WBI CONTINUED SUPPORTING DOG PROJECTS IN		CA
	AND AFGHANISTAN AND FOSTERED NEW PARTNERSHIPS IN INDIA. WBI		
	· · · · ·	J <u>3R),</u>	
	PROVIDING RESCUE, RELIEF & REBUILDING SERVICES FOR THE PEOP ANIMALS AFFECTED BY THE UKRAINE CRISIS (DONATED PROFESSION		g
	\$116,400).		0
	<u>+</u> ,, -		
4b			)
	EDUCATION, ENGAGEMENT AND POLICY: WBI PROVIDES INFORMATION CONSTITUENTS AND FOLLOWERS VIA ITS MONTHLY NEWSLETTERS, WEE	FOR SITE	
		HAT ADDRE	55
	ISSUES DIRECTLY RELEVANT TO WBI'S AND ITS PARTNERS' PROJECT		
	WBI IS ALSO COMMITTED TO DISTRIBUTING ACCURATE DATA-RICH MA		HAT
	SUPPORT ITS PROJECTS AND ADVOCACY. TO REALIZE THIS GOAL, WE		
	ESTABLISHED THE WELLBEING INTERNATIONAL STUDIES REPOSITORY REPOSITORY) TO PROVIDE FULL-TEXT ACCESS TO RELEVANT ACADEMI		
	REPORTS. THE REPOSITORY ALSO SUPPORTS THE ACADEMIC JOURNAL		
	SENTIENCE (DONATED PROFESSIONAL SERVICES - \$278,150).		
4c	(Code:) (Expenses \$12,931. including grants of \$2,500. ) (Revenue \$		)
	SUSTAINABILITY FOR PEOPLE, ANIMALS AND ENVIRONMENT: WBI RES PROMOTES THE INTERRELATIONSHIPS BETWEEN PEOPLE, ANIMALS, AN		ND
	ENVIRONMENT. WBI RECOGNIZES THAT THEY ARE INEXTRICABLY LINE		
	DEPENDENT UPON THE WELL-BEING OF EACH OTHER. IN RESPONSE TO		
	INITIATIVE FROM THE U.N. ENVIRONMENT PROGRAM, WBI PRODUCED	A REFEREN	CE
	DOCUMENT HIGHLIGHTING THE LINKS OR NEXUS BETWEEN ANIMAL WEI		
	ENVIRONMENTAL HEALTH, AND SUSTAINABLE DEVELOPMENT. WBI COLI		
	WITH PARTNER NGOS ON HUMAN-WILDLIFE CONFLICT RESOLUTION AND OR ENHANCING WILD AREAS' CONNECTIVITY AND ECOLOGICAL HEALTH		ING
	IMPLEMENTS A "FEEL BETTER" CAMPAIGN THAT ENCOURAGES INDIVID		
	ENGAGE IN DAILY ACTIVITIES AND LIFE CHOICES THAT LEAD TO SU		
	SOLUTIONS (DONATED PROFESSIONAL SERVICES - \$61,600).		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,923. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses222,819.	O	90 (2022)
222000	02 12-13-22	Form 9	<b>30</b> (2022)
202002	2		

Form	990	(2022)

1         Is the organization described in section 571(k)0 or 4474(q)1 (cither than a private foundation?         I         X           2         Is the organization required to complete Schedule Q. Schedule Q. Chert M         2         X           3         X         2         X         3         X           4         Section 571(k)0 organization. Did the organization regare in tickbying activities, or have a section 501(h) exection in effect         3         X           4         Section 571(k)0 organization. Did the organization regare in tickbying activities, or have a section 501(h) exection in effect         4         X           5         Is the organization readers of hold conservation aschedule D(H). Section 501(k) exection in effect         5         X           9         Did the organization markina and yoon avided ticks or ary similar tunds ory ary ary similar tunds or ary similar tunds ory ary a				Yes	No
2         Is the organization engage in direct or index policies of constances? See instructions         2         X           3         Did the organization engage in direct or index policies of have a section sol (h) election in effect outing that says?         3         X           4         Section SOL(k)0 organizations. Dd the organization engage in lobbying activities, or have a section SOL(h) election in effect of uming that says?         4         X           5         Is the organization ascents for (lo(h). SOL(k), or SOL(k)0 organization that receives membership dues, assessments, or similar amounts a defined in Rev. Proc. 98(-19)?         X           6         Did the organization matchin any done advised funds or any similar funds or accounts?         Twes, complete Schedule D, Part I         5           7         X         Twes, complete Schedule D, Part I         7         X           8         Did the organization matchin and that including easements to preserve open space.         7         X           9         Did the organization receive or hold a conservation asserve on routes will account liability, sorve as a custodian for amounts not listel in Part X, ine 21, for oscorw or custodial account liability, sorve as a custodian for amounts not listel in Part X, ine 21, for oscorw or custodial account liability, sorve as a custodian for amounts not listel in Part X, ine 10, Part I         11         X           10         Did the organization directly or through a reliability organization, dinectly or through a reliability or oscorew or custodial a	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3         Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If Y'es," complete Schedule C, Part I         a         X           3         Backton 50 (Lig) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II         a         X           4         X         Section 50 (Lig) organization. Did the organization in engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Y'es," complete Schedule C, Part II         a         X           5         Did the organization marina and yoon adviced that do a vany soling thands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment or amounts on total conservation esement: inciditenes, or obtain esemetary or devices of an anount to rol da conservation esement. Inciditenes, or obtain esemetary or devices of an anount to rol da conservation esement. Inciditenes, or device continuous esement. Inciditenes, or device continuous esements or in quasi endowments? If Y'es, ' complete Schedule D, Part IV         g         X           9         Did the organization report an amount for investments - program related in Part X, line 10? If Yes, ' complete Schedule D, Part V         g         X           10         LX         if the organization report an amount for investments - program related in Part X, line 10? If Yes, ' complete Schedule D, Part V         if LX		If "Yes," complete Schedule A			<u> </u>
public office? If 'res,' complete Schedule C, Part I         3         X           4 Sectors 90((c)(3) organizations. D, the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy yea? If 'res,' complete Schedule C, Part II         4         X           5         Is the organization a section 501(b)(b), or 501(b)(b) organization that receives mambemship dues, assessments, or similar amounts as defined in New, Proz. 30:119 // 'res,' complete Schedule D, Part II         6         X           6         Did the organization or investment of amounts in such Undid or accounts for which donors have the hight to provide advise on the distribution or investment and amounts in such Undid or accounts for which donors have the organization the environment, historic late asso, or historic at treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II         6         X           7         X         8         0         0         1         7         X           7         X         0         0         the organization receive or hold a conservation eavies         7         X           8         0         0         the organization, inceredy rowinde credit conservation eavies         7         X           9         0         X         0         X         0         X           9         0         X         0         X         X           9         X	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // **es, "complete Schedule C, Parl II	3				
during the tax year? If Yes, "complete Schedule C, Part II         4         X           5         is the organization a section Schedule C, Part II         5           6         Did the organization markain any domo advised funds or any similar funds or accounts for which domors have the right to provide advised on the distribution or investment and amounts in such funds or accounts for which domors have the right to provide advised on the distribution or investment and amounts in such funds or accounts for which domors have the right to provide advised on the distribution or investment and amounts in such funds or accounts for which domors have the right to the environment. Instock fand areas, or Instoric for suchness or used to the distribution or investment and amounts in such table. O, Part II         6         X           7         X         To be the organization markain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7         X           8         X         To be the organization, includy or through a related organization, hold assets in donor-restricted endowments         1         X           9         Did the organization includy or through a related organization, hold assets in donor-restricted endowments         1         X           10         Did the organization report an amount for head section in Part X, line 10? If Yes," complete Schedule D, Part VI         10         X           11         If the organization report an amount for head section Part X, line 10? If Yes," complete Schedule D, Part XI         11			3		<u> </u>
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 39:197 (#*es,* complete Schedule C, Part II)         S         X           D Dd the organization markina may down advised funds or any similar funds or accounts? (#*Yes,* complete Schedule D, Part II)         6         X           D Dd the organization means many down advised masament, including assaments to preserve open space, the environment, historic land areas, or historic structure? (#*Yes,* complete Schedule D, Part II)         7         X           9         Did the organization report an amount in Part X, line 21, for secrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide croft counseling, delt management, credit repair, or debt regulation services?         9         X           9         Did the organization report an amount in Part X, line 21, for secrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide croft counseling, delt management, credit repair, or debt regulation services?         9         X           9         Did the organization, directly to through a related organization, hold assets in donorrestifted ed advised in Part X, line 10, Part II         10         X           11         If the organization report an amount for lined, buildings, and equipment in Part X, line 10? (#*Yes, "complete Schedule D, Part III)         X           11a         X         Part II         11a         X           11a	4				
similar amounts as defined in Rev. Proc. 98-192, <i>H</i> 'Yes,' complete Schedule <i>C</i> , <i>Part II</i> 5         X           O Did the organization marketing and yound wides any similar funds or accounts? <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part II</i> 6         X           To bit the organization marketing areas, or historic accounts? <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part II</i> 7         X           B Did the organization marketing areas, or historic accounts? <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part II</i> 8         X           9         Did the organization marketing areas, or historic accounts? <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part II</i> 8         X           9         Did the organization, animatin collections of work of art, historical treasures, or other assets? <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part V</i> 8         X           10         the organization, answer to any of the tollowing questions is 'Yes,' than complete Schedule <i>D</i> , <i>Part V</i> 10         X           11         the organization report an amount for land, buildings, and equipment in Part X, line 107 <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part V</i> 11         X           12         bit the organization report an amount for investments or the securities in Part X, line 107 <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part V</i> 11         X           13         X         Did the organization report an amount for investments. program related in Part X, line 107 <i>H</i> 'Yes,' complete Schedule <i>D</i> , <i>Part V</i> 11 <t< td=""><td></td><td></td><td>4</td><td></td><td><u> </u></td></t<>			4		<u> </u>
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the dist houring of any similar funds or accounts for which donors have the right to provide advise on the dist houring of advised in a conservation assement, including assements to presence open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       6       X         7       Did the organization receive or hold a conservation assement, including assements to presence open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed In Part X, line 21, for escrow or custodial account liability, serve as a custodian for any of the following questions is "Yes," then complete Schedule D, Part V.       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11       X         11       Did the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.       11       X         12       Did the organization report an amount for investments - porgarn related francial statements for the tax year?       11       X <t< td=""><td>5</td><td></td><td></td><td></td><td></td></t<>	5				
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide cridit consuling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       8       X         9       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV       10       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - order related in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       X       10       Did the organization report an amount for investments - order melted in Part X, line 10? If "Yes," complete Schedule D, Part XI       11       X         12       Did the organization report an amount for investments - order melted in Part X, line 10? If "Yes," complete Schedule D, Part XI       11       X         13       State organization report			5		<u> </u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? // received up. Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? // res, 'complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // rvss, 'complete Schedule D, Part V       10       X         11       B the organization report an amount for investments - other securities in Part X, line 107 // rvss, 'complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // rvss, ' complete Schedule D, Part VII       11a       X         13       Did the organization report an amount for other assets in Part X, line 12, linat is 5% or more of its total asset reported in Part X, line 167 // rvss, ' complete Schedule D, Part VII       11a       X         14       Did the organization sporta an amount for other assets in Part X, line 12, rr rvss, ' complete Schedule D, Part VIII       11a       X	6				
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed In Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       9       X         10       Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       10       X         11       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 VI       11a       X         11       Did the organization report an amount for investments - other assets 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 VI       11a       X         11       Did the organization report an amount for investments - other assets in Part X, line 13? If 'Yes,' complete Schedule D, Part X       114       X         12       Did the organization incloude in consolidated financial statements			6		<u> </u>
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, UII, VII, VII, VII, VI, or X, as applicable.       11       X         11       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, ine 167. If "yes," complete Schedule D, Part VI       11       X         11       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 167. If "yes," complete Schedule D, Part X       11       X         11       Did the organization report an amount for investments - program related in Part X, line 25? If "yes," complete Schedule D, Part X       11       X         12       Did the organization sub reform thabilities in Part X, line 25? If "yes," complete Schedule D, Part X       11       X     <	7				37
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on lisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VIII, IX, or X, as applicable.       as as the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII       11       X         b       Did the organization report an amount for investments - organs 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       11       X         c       Did the organization report an amount for investments - organs 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       11       X         11       Did the organization robort an amount for the tassets in Part X, line 27; H'Yes,' complete Schedule D, Part X       116       X         12       Did the organization chuded in consolidated, independent audted financial statements for the tax year?       114       X	_		7		<u> </u>
9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neoptation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - program related In Part X, line 13, Itat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11a       X         14       Did the organization report an amount for other assets in Part X, line 2? If "Yes," complete Schedule D, Part X       11d       X         11d       Did the organization schedule ID (Part IX)       11d       X       11d       X         12       Did the organization cobalin separate, independent audited financial statements for the tax year?       11f       X         12	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         ID bit the organization, directly or through a related organization, hold assets in donor-restricted endowments       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization, should assets in donor-restricted endowments?       10       X         as policable.       10       It is organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11       11       X         b Did the organization report an amount for investments - other securities 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 VI       11       X         c Did the organization report an amount for investments - other assets 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 X       114       X         c Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X         c Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       114       X         12a       Did the organization negrater assets origote as	•		8		<u> </u>
If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments"       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, UII, VII, VX, or X, as applicable.       11       X         12       Dot the organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part VI       11       X         13       Dot 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 167 // "Yes," complete Schedule D, Part VIII       11       X         14       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 167 // "Yes," complete Schedule D, Part X       116       X         11       Did the organization report an amount for other liabilities in Part X, line 257 // "Yes," complete Schedule D, Part X       116       X         12       Did the organization included in consolidated financial statements for the tax yea? // mYes," complete Schedule D, Part X       111       X         12       Did the organization includo in consolidated, independent audited financial st	9				
10       Dot the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VX, VX, as applicable.       11       X         a       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         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 167. If "Yes," complete Schedule D, Part VII       11       X         c       Did the organization report an amount for investments - other assets in Part X, line 167. If "Yes," complete Schedule D, Part VII       11       X         d       Did the organization report an amount for other assets in Part X, line 167. If "Yes," complete Schedule D, Part XII       11       X         d       Did the organization report an amount for other assets in Part X, line 167. If "Yes," complete Schedule D, Part X       114       X         12       Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated financial statements for the tax year?       114       X         13       Is the organization as paratizet on separate or consolidated, independent audited financial					v
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       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 VI     11b     X       c 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 VII     11d     X       e 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 VII     11d     X       e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11e     X       12a     Did the organization is beparte port on amount for to the liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X     11e     X       12a     Did the organization iscluded in consolidated, independent audited financial statements for the tax year?     11f     X       12a     Did the organization as achool described in section 170b(1)(A)(ii)? If 'Yes," complete Schedule D, Part X     13a     X	10		9		<u> </u>
11       If the organization's answer to any of the following questions is "Ves," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.       1         a)       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         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 167 If "Yes," complete Schedule D, Part VII       11a       X         c)       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII       11c       X         c)       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 167 If "Yes," complete Schedule D, Part VIII       11d       X         c)       Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization asparate, independent audited financial statements for the tax year?       11f       X         12b       Did the organization asparate, independent audited financial statements for the tax year?       11f       X         12a       X       Nas the organization ashould second the sector 170(b)(1)(VI)(I) if "Yes," complete Schedule D, Part X X and XII       11a       X         12a       X       Nas th	10		40		v
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         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         c) Did the organization report an amount for investments - orgoram 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 X       11e       X         e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is abatily for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Was the organization neucled in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional       13       X         13a       X       11d       X       11d       X         14a       X       11d       X	44		10		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         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 VI       11b       X         c 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 VII       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 X       11c       X         e 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 X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization aschool described in section 170(b)(1)A(iii)? If 'Yes,' complete Schedule E       113       X         14a       Did the organization aschool described in section 170(b)(1)A(iii)? If 'Yes,' complete Schedule E       113       X         15       Did the organizatio					
Part VI       11a       X         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         c       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 VII       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 XI       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization neluded in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization askered "No" to line 12a, then completing Schedule D, Part X III a       X         13       Is the organization askered role askites or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F.       11a       X         14a       X       11e       X       11a       X         15       Did the o	2				
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         c       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 VII       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 X       11c       X         f       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         11       X       11e       X       11e       X         12       Did the organization iseparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13i       X         14       Did the organization navered "No" to line 12a, then completing Schedule E       13i       X         14       Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes	d		110	x	
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII       11b       X         c 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? /f "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? /f "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         112       Did the organization's separate or consolidated financial statements for the tax year? include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         13       Is the organization maint an office, employees, or agents outside of the United States?       13a       X         14a       X       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for any foreign individuals? If "Yes," complete Sch	Ь		114		
c       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       11c       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         f       Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       State organization asknowed "No" to line 12a, then completing Schedule D, Part X and XII and XII and XII and fit organization maintain an office, employees, or agents outside of the United States?       14a       X         14       Did the organization navered "No" to line 12a, then assist or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV       15       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of agregate grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, P	D.		11h		x
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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year (complete Schedule D, Part X       11td       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11td       X         b Was the organization onclude in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       11td       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign 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 G, Part II       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising service	c				
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         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sinability 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, Part XI and XII       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization nantain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 form grants investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garges the professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organiza	Ŭ		11c		х
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         b Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       St       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign 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 G, Part II and IV       16       X         17       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 G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for profess	d				
e       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11       X         f       Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11       X         12a       Did the organization si liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       /f "Yes," complete Schedule D, Parts X and XII is optional       11zb       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for more? If "Yes," complete Schedule F, Parts II and IV       14b       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       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 G, Part II       18			11d		х
f       Did the organization's isability 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, Part XI and XII       12a       X       12a <td>е</td> <td>Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X</td> <td></td> <td>X</td> <td></td>	е	Did the organization report an amount for other liabilities in Part X. line 25? If "Yes." complete Schedule D. Part X		X	
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       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       16       X         17       Did the organization report more than \$15,00					
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign 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 G, Part II and IV       16       X         17       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 G, Part II and IV       16       X		• • •	11f	x	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       18       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 income from gaming activities on Part VIII, lines 9a? If "Yes,"       18	12a				
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         14       Did the organization maintain an office, employees, or agents outside of the United States?       144       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       144       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV       15       X         17       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 G, Part I. See instructions       17       X         18       Did the organization report nore than \$15,000 tof gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a			12a	x	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines to	b	,			
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19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18				
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       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			18		X_
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b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X					
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					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21			<b>.</b>	
					(0000)

232003 12-13-22

Form	990	(2022)
	330	

	990 (2022) WELLBEING INTERNATIONAL, INC. 83-1593 t IV Checklist of Required Schedules (continued)	634	Р	age <b>4</b>
	encontrol of frequined contradice (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
22		22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
		24u		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	054		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%			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
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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		х	
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	12-13-22	Form	990	(2022)

	990 (2022) WELLBEING INTERNATIONAL, INC.		83-1593	634	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b		
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	:)?	4a		<u>X</u>
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 Ac	count	s (FBAR).			37
				5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit			77
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		and a second second	-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		<u>X</u>
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		x
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	NT / 7	-		
-	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7	0.		
a			N/A N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	ا مم ا				
-	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	ا معم ا				
a ⊾		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/12		120		
	Section 4947(a)(1) non-exempt characteristics. Is the organization filling Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{N}$			12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			150		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	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	incom	e?	16		Х
	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 actions	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
	5					、/

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FUIII	990	(2022)

X

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	

		1		,	Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	/	4				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		-					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5	4				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any other					
	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	3		х		
_	of officers, directors, trustees, or key employees to a management company or other person?							
4								
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					v		
	more members of the governing body?			7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v		
~	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	•	•	0	Х			
a	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					x		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	Na		
10-	Did the eventiantian have local charaters by a still store			10-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			104				
44.0			a filing the form?	10b 11a	Х			
b	Has the organization provided a complete copy of this Form 990 to all members of its governing boc Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ly Deloi			Δ			
12a	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
C		,		12c	х			
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X			
13 14				14	X			
15	Did the organization have a written document retention and destruction policy?			14				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by in	dependent					
а				15a	х			
	The organization's CEO, Executive Director, or top management official			15a		X		
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-						
	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 MD							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3)	s only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
X Own website X Another's website X Upon request Other (explain on Schedule O)								
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	d records					
	KATHLEEN ROWAN - (240)778-4465							
	9812 FALLS ROAD, 114288, POTOMAC, MD 20854							
232006	5 12-13-22			Form	1 <b>990</b>	(2022)		
	б							

Form 990 (2022)	WELLBEING	INTERNATIONAL,	INC.	83-1593634	Page 7				
Part VII Comper	nsation of Officers, Dir	ectors, Trustees, Key	Employees	s, Highest Compensated					
Employees, and Independent Contractors									
Check if S	chedule O contains a respon	se or note to any line in this F	Part VII		X				
Section A. Officers,	Directors, Trustees, Key Er	nployees, and Highest Com	pensated Em	ployees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

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

• List all of the organization's current key employees, if any. See 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.

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

<b>(A)</b> Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated snut.	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
<pre>(1) ANDREW ROWAN (SEE SCH. 0) PRESIDENT &amp; CHIEF PROGRAM OFFICER</pre>	60.00	x		x				0.	0.	0.
(2) S. CHINNY KRISHNA	1.00									
VICE PRESIDENT		х		x				0.	0.	0.
(3) KATHLEEN ROWAN (SEE SCH. O)	60.00									
SECRETARY & CHIEF EXECUTIVE OFFICER		Х		Х				0.	0.	0.
(4) WILLIAM VOORHEES	2.00									
BOARD TREASURER		Х		X				0.	0.	0.
(5) ERIC "RICK" BERNTHAL	3.00									
BOARD MEMBER	1 00	Х	<u> </u>					0.	0.	0.
(6) JULIE LEVY BOARD MEMBER	1.00	x						0.	0.	0.
(7) JACQUELINE BRUNER	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
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Form 990 (2022)

Part VIII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. (collinated.         Name and title       Name in the image of the im	Form 990 (2022) WELLBEING	S INTERN	ΙAΤ	'IO	NA	L,	I.	NC	•	83-15	<u>5936</u>	534	Pa	ige <b>8</b>
Name and title     Average how set (01st are) restance burned to the set of the area director takes (01st are) restance burned to the set organization (01st area director) (021/091.MSC)     Reportable compensation (001 (021/091.MSC)     Reportable compensation (001 (021/091.MSC)     Estimated compensation (021/091.MSC)       Image: the set of the set o	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
In the organization list any former officer, director, trustee, key employee, or highest compensation from the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and relater than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and relater than \$100,000 of reportable compensation from any unrelated organization and relater than \$100,000 of compensation from the organization is a negative scale and relater than \$100,000 of the organization and relater than \$100,000 of the organization and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization and relater than \$100,000 of the organization and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization and relater than \$100,000 of the organization is a negative scale and relater and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization is a negative scale and relater and relater than \$100,000 of the organization is a negative scale and relater than \$100,000 of the organization is a negative scale and relater and relater than \$100,000 of the organization is a negative scale and relater and relater than the organization and the organization is a negative scale and relater and relater and relater than the organization is a negative scale and relater than \$100,000 of the organization is a negative scale and relater and relater and the organization is a negative scale and relater and relate		Average hours per week		(do not check more than one box, unless person is both ar officer and a director/trustee		an ee)	Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensatio from related organization (W-2/1099-MIS	n I S	am comp fro orga	imate ount c other oensat om the anizatio	of ion e on		
In the organization list any former officer, director, trustee, key employee, or highest compensation from the organization list any former officer, director, trustee, key employee, or highest compensation from the organization and related organization is a new frequency with received more than \$100,000 of compensation from the organization is a receive or accrue compensation from any unrelated organization as year.			/idual	tutior	er	emplo	iest co loyee	ner				orga	nizatic	ons
c       Total from continuation sheets to Part VII, Section A       0 •		line)	Indiv	Instit	Offic.	Key e	High empl	Form			-+	-		
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c       Total from continuation sheets to Part VII, Section A       0 •														
c       Total from continuation sheets to Part VII, Section A       0 •														
d Total (add lines 1b and 1c)       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such individual       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       NoNE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation       4       X         1       Complete this table for your five highest complete Schedule J for such person       Complete this table for your five highest complete Schedule J for such person														0.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or line vanish is the sum of reportable schedule J for such individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization       (B)       (C)         1       Mame and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of com														
compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest address       NONE       Description of services       Compensation         2       O       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0									-	000 of reportable				0.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0	· •		030	1310	u ac	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010						0
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Compensation         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0	` ¥												Yes	No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       4       X	<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	_	X
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation       1												4		x
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       Image: Compensation       Image: Compensation         Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       Image: Compensation       Image: Compensation	5 Did any person listed on line 1a receive or a	iccrue compen	" col Isatio	mpie on fr	om :	scne anv	eaule unre	J T late	or such individual ed organization or individ	lual for services	····  -	4		
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       0												5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization       Image: Compensation of services       Image: Compensation of services														
(A) Name and business address       (B) NONE       (C) Description of services         Compensation											ensati	ion fro	m	
Name and business address     NONE     Description of services     Compensation		the calendar ye	ear e	ndin	ig w	ith c	or wit	hin:		ear.			<u>,                                    </u>	
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		address	NC	ONE	2					ervices	Co			ı
\$100,000 of compensation from the organization 0														
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			στ lin	niteo	1 10 1			led	above) who received mo	ore than				
												Form <b>S</b>	<b>990</b> (2	022)

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Pa	rt VI		Statement of Rev	venu	le						
			Check if Schedule O c	ontai	ns a respo	nse o	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	a Fe	ederated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	k	o M	lembership dues		1b						
¥° ک	c	c Fi	undraising events		1c						
ar /	c	d R	elated organizations		1d						
ini, 0	e	e G	Government grants (contri	butio	ns) <b>1e</b>						
rtion S	f	Al	ll other contributions, gifts, g	grants	, and						
ibu		si	imilar amounts not included	above			232,104.				
d Dr	ç	-	oncash contributions included in li				9,831.				
<u>0</u> 6	ŀ	η Το	otal. Add lines 1a-1f					232,104.			
							Business Code				
Ce	2 8	a _									
er vi	k	<u>, ר</u>									
am Ser evenue	c	- י									
Jrar Rev	C	d _									
Program Service Revenue	e	• _									
Δ.	f		Il other program service r								
	ç		otal. Add lines 2a-2f								
	3		nvestment income (includ	Ũ							
			ther similar amounts)								
	4 5						1				
	5	К	loyalties		(i) Real		(ii) Personal				
	6 a		aross rents	6a	() 1104						
	U a		eross rents	6b							
			Rental income or (loss)	6c							
			let rental income or (loss)								
			ross amount from sales of	<u> </u>	(i) Securit		(ii) Other				
			ssets other than inventory	7a							
	Ŀ		ess: cost or other basis								
ē				7b							
ent				7c							
Revenue	c		let gain or (loss)	· · ·							
<u> </u>	8 a	a Gi	ross income from fundraisin	ng eve	nts (not						
Othe			ncluding \$								
		С	ontributions reported on	line 1	c). See						
		P	Part IV, line 18			8a					
	b		ess: direct expenses			8b					
	c	c N	let income or (loss) from f	fundra	aising ever	ıt <u>s</u>					
	9 a	a G	Gross income from gaming	g acti	vities. See						
		P	Part IV, line 19			9a					
			ess: direct expenses			9b					
	c	c N	let income or (loss) from g	gamir	ng activities	s					
	10 a		Bross sales of inventory, le								
			nd allowances			10a					
			ess: cost of goods sold			10b					
	C	c N	let income or (loss) from s	sales	of inventor	у					
sr		~					Business Code	_2 207			_2 207
eor	11 a		CURRENCY LOSS				900099	-2,297.			-2,297.
scellaneo Revenue	k	_							+		
Miscellaneous Revenue	c	_	ll othor royanya						+		
Ϊ			Il other revenue					-2,297.			
	12		total. Add lines 11a-11d					229,807.	0.	0.	-2,297.
00000			otal revenue. See instructio	110 .	<u></u>			225,007.		<u> </u>	Form <b>990</b> (2022)
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WELLBEING INTERNATIONAL, INC. 83-1593634 Page 9

Form 990 (2022)

WELLBEING INTERNATIONAL, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,662.	15,662.		
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	79,193.	79,193.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	11,251.	7,523.	3,699.	29.
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	50,244.	49,917.	301.	26.
12	Advertising and promotion				
13	Office expenses	2,710.	1,462.	858.	390.
14	Information technology	43,276.	40,087.	2,576.	613.
15	Royalties				
16	Occupancy	12,000.	11,469.	489.	42.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,989.	9,989.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	820.		820.	
23	Insurance	1,985.		1,985.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS	8,606.	7,517.	184.	905.
b	MISCELLANEOUS	858.		858.	
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	236,594.	222,819.	11,770.	2,005.
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)				Form <b>990</b> (2022

10

232010 12-13-22

		Check if Schedule O contains a response or no	ote to an	line in this Part X			
		L			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			107,965.	1	65,136.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			51,654.	3	43,082.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				14,085.	9	17,761.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		4,617.			
	ь	Less: accumulated depreciation	10b	4,617. 4,207.	1,230.	10c	410.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		1,710.	14	1,710.	
	15	Other assets. See Part IV, line 11		•	15		
	16	Total assets. Add lines 1 through 15 (must eq			176,644.	16	128,099.
	17	Accounts payable and accrued expenses		2,270.	17	6,642.	
	18	Grants payable		-	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D			60,467.	25	14,337.
	26	Total liabilities. Add lines 17 through 25			62,737.	26	20,979.
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.					
anc	27				112,594.	27	85,668.
Bal	28				1,313.	28	21,452.
pu		Organizations that do not follow FASB ASC					
Ъu		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	s			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			113,907.	32	107,120.
2	33	Total liabilities and net assets/fund balances			176,644.	33	128,099.

Form **990** (2022)

Form	990 (2022) WELLBEING INTERNATIONAL, INC.	83-1593	634	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,807.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,594.
3	Revenue less expenses. Subtract line 2 from line 1	3		,787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	113	,907.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	107	,120.
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	Ο.		
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	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		3b	<b>190</b> (2022
				4MII (0000

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the or	ganization
----------------	------------

Name	ame of the organization Employer identification number										
_		WELL	BEING INTER	RNATIONAL, IN	NC.			8	3-1593634		
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	is part.) S	ee instruction	S.			
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
-		section 170(b)(1)(A)(iv). (Complete Part II.)									
6 [		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 [	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from th	e general p	oublic described in		
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 [		A community trust describe			-						
9 [		An agricultural research org				-		-	-		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10 [		An organization that normal	•					•	•		
		activities related to its exem							-		
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.		
<b>.</b> . [		See section 509(a)(2). (Cor	-				O(-)(A)				
11 [		An organization organized a			•			m out the	numerous of one or		
12 [		An organization organized a more publicly supported or	-	-	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	•••					-	aivina		
u		the supported organization	-	-	•	-					
		organization. You must c			majonty o				pporting		
b		<b>Type II.</b> A supporting orga	-		ion with its	s supporte	d organization	n(s) by hav	vina		
2		control or management o	-				-		-		
		organization(s). You mus						)ee eupp			
с		Type III functionally inte	-		in connect	ion with. a	and functional	v integrate	d with.		
		its supported organization						,	,		
d		] Type III non-functionally		-				ted organiz	zation(s)		
		that is not functionally int						-			
		requirement (see instructi	•	• •	•		-				
е		Check this box if the orga	nization received a v	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.					
f	Ente	r the number of supported o	organizations								
g		ide the following information									
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
<b>-</b>											
Total									1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22,540.	62,135.	197,473.	170,257.	232,104.	684,509.
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		<u> </u>		1 - 0		<u> </u>
	Total. Add lines 1 through 3	22,540.	62,135.	197,473.	170,257.	232,104.	684,509.
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,						200 000
	column (f)						380,280.
	Public support. Subtract line 5 from line 4.						304,229.
	ction B. Total Support				(		
	ndar year (or fiscal year beginning in)	(a) 2018 22,540.	(b)2019 62,135.	(c)2020 197,473.	(d) 2021 170,257.	(e) 2022 232,104.	(f) Total 684,509.
	Amounts from line 4	22,540.	02,135.	197,473.	1/0,257.	232,104.	004,509.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					-2,297.	_2 207
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10					-2,297.	-2,297. 682,212.
	Gross receipts from related activities,		nc)			12	002,212.
	First 5 years. If the Form 990 is for th	-		iourth or fifth tax y			
10	organization, check this box and stop	-		-			X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	<u> </u>
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2021.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•	•		
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

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Schedule A					
Part III	Support	Schedule f	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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	ļ					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	-	-	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	•				.,.,	
_	check this box and stop here						
Sec	tion C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
	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 ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	3 12-09-22		1 5			Sched	ule A (Form 990) 2022

1

Yes No

### Part IV Supporting Organizations

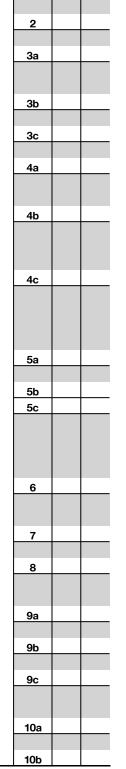
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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232024 12-09-22



Schedule A (Form 990) 2022

A	(Form 990)	2022	WELLBEING	INTERNATIONAL,	INC.
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1

2

1

Yes No

Yes No

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?	l1a		
b	A family member of a person described on line 11a above?	l1b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		l1c		
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 "No," describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

the supported
If "Yes," explain in
ation(s) that operated,
at

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	
-	

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

Section D. All T	ype III Supp	orting Organiz	ations

Schedule

			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 sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- 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).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 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

12390320 745960 37610

Schedule A	(Form 99	0) 2022
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Schedule A (Form 990) 2022 WELLBEING INTERNATIONAL, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
•	All other Type III non-functionally integrated supporting organizations mus		•	
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

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

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

19 2022.03010 WELLBEING INTERNATIONAL, 37610\_\_1

5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	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.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	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:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

1

2

3 4 **Current Year** 

Schedule A	(Form 990) 2022	WELLBEING	INTERNATIONAL,	INC.	83-1593634 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations required by Pa , 6, 9a, 9b, 9c, 11a, 11b, and , Section E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a or 11c; Part IV, Section B, lines 1 a, and 3b; Part V, line 1; Part V mplete this part for any additio	<sup>,</sup> 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
232028 12-09-2	2				Schedule A (Form 990) 2022

223451 11-15-22

#### \*\* PUBLIC DISCLOSURE COPY

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

# 2022

Employer identification number

83-1593634

Schedule	В
(Form 990)	

la a de da D

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check o	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

WELLBEING INTERNATIONAL,

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

X 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

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

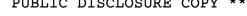
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty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

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

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

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

Schedule B (Form 990) (2022)



		\$50,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$48,692.	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
<u> </u>		\$37,439.	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
<u>4</u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
5	Name, address, and ZIP + 4	\$17,006.	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>   223452 11-15-22		\$14,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(a)

No.

Employer identification number

(d)

Type of contribution

83-1593634

(c)

**Total contributions** 

12390320 745960 37610

Name of organization

WELLBEING INTERNATIONAL, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 Person Payroll 9,831. Noncash Х \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

12390320 745960 37610

Employer identification number

83-1593634

WELLB	EING INTERNATIONAL, INC.		83-1593634
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l 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
_	PET FOOD & WATER	_	
7		\$9,83	<u></u>
(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) (c) FMV (or estimation of noncash property given (See instruction)		(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

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Schedule B (Form 990) (2022)

### $12390320 \ 745960 \ 37610$

2022.03010 WELLBEING INTERNATIONAL, 37610\_1

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule I	B (Form 990) (2022)				Page <b>4</b>
Name of o	rganization				Employer identification number
WELLBI	EING INTERNATIONAL, INC				83-1593634
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations descr			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of	ng line entry. For or \$1,000 or less for th	'ganizations le year. (Enter this info. c	once.) \$
(a) Na	Use duplicate copies of Part III if additional				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Desc	cription of how gift is held
Part I					
-		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
-		(e) Trans	fer of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held
-					
		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
223454 11-15	5-22				Schedule B (Form 990) (2022)

SCHEDULE D	Supplemental
(Form 990)	Complete if the organi Part IV, line 6, 7, 8, 9, 10, <sup>-</sup>
Department of the Treasury Internal Revenue Service	Att Go to www.irs.gov/Form990

### I Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

83-1593634

Name of the organization

WELLBEING INTERNATIONAL, INC.
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv for charitable purposes and not for the benefit of the donor or impermissible private benefit?	donor advisor, or for any other purpose	e conferring
	rt II Conservation Easements. Complete if the orga		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic struc		<b>2</b> c
d	Number of conservation easements included in (c) acquired aft		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, releative	ased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	•	
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		al gain, provide
_	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
			¢
а	Revenue included on Form 990, Part VIII, line 1		
a b	Revenue included on Form 990, Part VIII, line 1         Assets included in Form 990, Part X         For Paperwork Reduction Act Notice, see the Instructions f		

Sche		NG INTERNA						83-15			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histor	ical Tr	easures, or	Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	ny of the	following that r	nake sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	<b>1</b> 🗌 Lo	an or ex	change progran	n					
b	Scholarly research	e	e 🗌 O	ther							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they	, further t	he organization	's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical trea	asures, or other	similar a	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	on answered "Y	′es" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ntributior	ns or other asse	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance						<b>1</b> f				
	Did the organization include an amount on F						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>t V</b> Endowment Funds. Complete				(c) Two years			vears back	(e) Fou	voare	back
		(a) Current year	(b) Prie	Ji year	(C) Two years	DACK (		Cars Dack	(e) Four	years	Dack
1a	Beginning of year balance										
a	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. /line 1 a .	a aluman (a							
2	Provide the estimated percentage of the cur			column (a	a)) neid as:						
a h	Board designated or quasi-endowment	%	_%								
U O	Permanent endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ation that a	ro hold a	and administoro	d for the					
Ja	organization by:			lie neiu a			i		1	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R?	•						
4	Describe in Part XIII the intended uses of the								_ 0.0		
Par	t VI Land, Buildings, and Equipm		Willion Char								
	Complete if the organization answere		), Part IV, I	ine 11a. S	See Form 990, I	Part X, li	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cos	st or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
		basis (investr		. ,	s (other)	• •	reciation	-	(-, 500		-
<b>1</b> a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other				4,617.		4,2	07.		4	10.
	. Add lines 1a through 1e. (Column (d) must e		X column	(R) line :							10.
		and the second second second	, , oorannin	, <u>, , , , , , , , , , , , , , , , , , </u>	. <u></u>			Cabadula		- 000	0000

Schedule D (Form 990) 2022

(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
orm 990 Part IV line	11d See Form 990 Part X line 15	
		(b) Book value
)		
orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
	· ·	(b) Book value
		14,337.
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1
		14,337.
	(b) Book value	Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Schedule D (Form 990) 2022

232053 09-01-22

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Sche	dule D (Form 990) 2022 WELLBEING INTERNATIONAL ,	INC.		83-1	593634	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Re	turn.		
	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	692,	357.
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	462,550.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	462,	
3	Subtract line 2e from line 1			3	229,	807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	229,	807.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	699,	144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	462,550.			
b	Prior year adjustments	2b				
С	Other losses	<u>2</u> c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	462,	
3	Subtract line 2e from line 1			3	236,	594.
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	236,	594.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, WBI HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

232054 09-01-22

SCHEDULE F	Statomo	nt of Act	ivities Outside the Uni	itad Sta	itae L	OMB No. 1545-0047
(Form 990)			inswered "Yes" on Form 990, Part IV, I			2022
Department of the Treasury	-	-	Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest in	formation.		Inspection
Name of the organization					Employer ic	lentification number
WELLBEING INTER	NATIONAL	, INC.			83-159	3634
Part I General Info	rmation on A	ctivities Out	side the United States. Complet	e if the organ	ization answei	red "Yes" on
Form 990, Part I						
-	-		ds to substantiate the amount of its gran the selection criteria used to award the g			X Yes No
2 For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of its	orants and ot	her assistance	outside the
United States.				5		
3 Activities per Region. (1	he following Part		an be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d	) (f) Total expenditures
	offices in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and
		contractors in the region	recipients located in the region)		(s) in the regio	n investments in the region
CUD CAUADAN APDTCA	0	0	GRANTS TO RECIPIENTS IN REGION			2 500
SUB-SAHARAN AFRICA	0	0	REGION			2,500.
			GRANTS TO RECIPIENTS IN			
NORTH AMERICA	0	0	REGION			1,200.
			GRANTS TO RECIPIENTS IN			
EUROPE	0	0	REGION			75,493.
	-	-				
3 a Subtotal	0	0				79,193.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				79,193.

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
			SUPPORT FACILITY					
			RENOVATION AT ANIMAL					
		EUROPE	SHELTER	50,000.	WIRE	0.		
			SUPPORT THE ANIMALS					
			AND PEOPLE FROM THE					
			CRISIS IN UKRAINE					
		EUROPE	WITH SLOVAKIA SHELTER	7,831.	WIRE	0.		
			SUPPORT THE ANIMALS					
			AND PEOPLE FROM THE					
			CRISIS IN UKRAINE					
		EUROPE	WITH ROMANIAN SHELTER	7,831.	WIRE	0.		
2 Enter total number of	recipient organization	hs listed above that are	recognized as charities by the t	foreian countrv.	recognized as a tax	I I		1
			or counsel has provided a sect			►		
						·····		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

83-1593634

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	Foreign Form	<u>د</u>		
Schedule F	(Form 990) 2022	WELLBEING	INTERNATIONAL,	INC.

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

Schedule F (Form 990) 2022

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.

PART I, LINE 2:

ALL GRANTS AND OTHER ASSISTANCE RECIPIENTS ARE SELECTED FROM ORGANIZATIONS RECOGNIZED IN THEIR RESPECTIVE COUNTRIES AS REGISTERED NONPROFIT ORGANIZATIONS AND VETTED BY WELLBEING INTERNATIONAL. ANY INDIVIDUAL RECEIVING A SCHOLARSHIP OR ASSISTANCE IS VETTED ALONG WITH VERIFYING THEIR CURRENT LOCATION, STATUS, AND POSITION. THE AMOUNT OF THE AWARD OR ASSISTANCE TIERS MONITORING PROCEDURES. FOR AWARDS LESS THAN OR EQUAL TO \$50,000, AN AWARD LETTER OUTLINING THE AWARD AMOUNT, PROJECT DESCRIPTION, EFFECTIVE DATES, REPORTING REQUIREMENTS, AND RECORD MAINTENANCE AND INSPECTION. SANCTIONS, ANTITERRORISM, ANTIBRIBERY, AND OTHER CONDITIONS ARE ALSO INCLUDED IN THE AWARD LETTER. EACH RECIPIENT MUST REPORT AND CERTIFY HOW THE AWARD USED THE FUNDS. FOR AWARDS GREATER THAN \$50,000, ADDITIONAL REQUIREMENTS ARE INCLUDED IN A GRANT DOCUMENT, INCLUDING MORE EXTENSIVE REPORTING REQUIREMENTS, TRANSACTION TESTING, OUTCOME MEASUREMENTS, AND CERTIFIED FINAL REPORTS.

PART II, COLUMN (D):

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: SUPPORT THE ANIMALS AND PEOPLE FROM THE CRISIS IN

UKRAINE WITH SLOVAKIA SHELTER SUPPORT

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: SUPPORT THE ANIMALS AND PEOPLE FROM THE CRISIS IN

#### UKRAINE WITH ROMANIAN SHELTER SUPPORT

232075 10-17-22

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compi	ete if the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization WELLBEING	INTERNAT	IONAL, INC.	-				Employer identification number 83-1593634
Part I General Information on Grants and		,					
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	tance?						on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TIGER SANCTUARIES (DBA TIGERS IN AMERICA) - 250 W 12TH STREET - NEW YORK, NY 10014	45-4998901	501(C)(3)	7,831.	0.			SUPPORT TRANSPORT OF LIONS OUT OF UKRAINE
STREET DOG COALITION 229 JACKSON AVENUE FORT COLLINS, CO 80521	81-0793989	501(C)(3)	7,831.	0.			SUPPORT TRANSPORT OF LIONS OUT OF UKRAINE
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>						<u> </u>	

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

83-1593634

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.				
PART I, LINE 2:								
· · ·								
ALL GRANTS AND OTHER ASSISTANCE RE	CIPIENTS	ARE SELECT	ED FROM IR	S-APPROVED				

REGISTERED NONPROFIT ORGANIZATIONS AND VETTED BY WELLBEING INTERNATIONAL.

ANY INDIVIDUAL RECEIVING A SCHOLARSHIP OR ASSISTANCE IS VETTED ALONG WITH

VERIFYING THEIR CURRENT LOCATION, STATUS, AND POSITION. THE AMOUNT OF THE

AWARD OR ASSISTANCE TIERS MONITORING PROCEDURES. FOR AWARDS LESS THAN OR

EQUAL TO \$50,000, AN AWARD LETTER OUTLINING THE AWARD AMOUNT, PROJECT

DESCRIPTION, EFFECTIVE DATES, REPORTING REQUIREMENTS, AND RECORD

### MAINTENANCE AND INSPECTION. SANCTIONS, ANTITERRORISM, ANTI-BRIBERY, AND

Schedule I (Form 990) WELLBEING INTERNATIONAL, INC. Part IV Supplemental Information	83-1593634 Page 2
OTHER CONDITIONS ARE ALSO INCLUDED IN THE AWARD LETTER. EAC	H RECIPIENT MUST
REPORT AND CERTIFY HOW THE AWARD USED THE FUNDS. FOR AWARDS	GREATER THAN
\$50,000, ADDITIONAL REQUIREMENTS ARE INCLUDED IN A GRANT DO	CUMENT,
INCLUDING MORE EXTENSIVE REPORTING REQUIREMENTS, TRANSACTION	N TESTING,
OUTCOME MEASUREMENTS, AND CERTIFIED FINAL REPORTS.	
232291 04-01-22	Schedule I (Form 990)

SCH	EDULE	L

#### (Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

n	n	n	n

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury

Internal Revenue Service

Part I

the organization		Employer identification number
WELLBEING INTERNATIONAL	, INC.	83-1593634
Excess Benefit Transactions (section 501(c)(3), sect	tion 501(c)(4), and section 501(c)(29) organ	izations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(b) Relationship between disqualified		transaction		(d) Corrected?		
(a) Name of disqualified person	person and organization	(c) Description of transaction			No		
2 Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under					
section 4958			\$				
3 Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion	\$				

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Loan to or from the organization?		from the		<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No		
Total					\$									

Part III

### Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

	Schedule L (Form 990) 2022
232132 11-01-22	
232132 11-01-22	39
390320 745960 37610	2022.03010 WELLBEING INTERNATIONAL, 37610
JJUJZU /4JJUU J/0IU	ZUZZ.UJUIU WELLBEING INIERNALIONAL, J/010

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Provide additional information for responses to questions on Schedule L (see instructions).

ANDREW ROWAN IS BOARD PRESIDENT & CHIEF PROGRAM OFFICER

(D) DESCRIPTION OF TRANSACTION: WELLBEING INTERNATIONAL RENTS SPACE,

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

INCLUDING UTILITIES, INSURANCE, PHONE, AND INTERNET, EACH MONTH FROM THE

BOARD PRESIDENT FOR \$1,000. THE BOARD HAS APPROVED AND ENTERED INTO A

LEASE AGREEMENT FOR THE SPACE. PAYMENT FOR OCCUPANCY EXPENSES PROVIDED

WAS AT OR BELOW FAIR MARKET VALUE.

Supplemental Information.

(A) NAME OF PERSON: ANDREW ROWAN

Part V

Complete il the organization answered	Tes UITFUI	111 990, 1 alt	iv, mie	, 20a, 2	00, 01 200.			
(a) Name of interested person		ship betwee and the orga			<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's <u>ues?</u>
							Yes	No
ANDREW ROWAN	ANDREW	ROWAN	IS	BOA	12,000.	WELLBEING I		X
								<u> </u>
								<b> </b>

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

Part IV Business Transactions Involving Interested Persons.

83-1593634 Page 2

SCHEDULE O (Form 990)

Name of the organization

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

INC.



Employer identification number 83 - 1593634

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

WELLBEING INTERNATIONAL,

IN RESPONSE TO THE CONFLICT IN UKRAINE, WELLBEING INTERNATIONAL HAS

CREATED A CONSORTIUM OF PARTNERS, THE UKRAINE RESCUE, RELIEF & REBUILD

(U3R) CONSORTIUM. THIS CONSORTIUM PROVIDES RESCUE, RELIEF, AND

REBUILDING SERVICES FOR THE UKRAINIAN PEOPLE AND THEIR ANIMALS.

WELLBEING INTERNATIONAL PLANS TO REMAIN ACTIVE IN THIS SPACE THROUGHOUT

THE CONFLICT AND RECONSTRUCTION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PARTNER SUPPORT AND COLLABORATION: WBI MAINTAINS CLOSE RELATIONSHIPS

WITH NUMEROUS CIVIL SOCIETY ORGANIZATIONS IN THE AMERICAS, ASIA,

AFRICA, AND EUROPE. WBI HAS ESTABLISHED SPECIFIC RELATIONSHIPS IN

INDIA, AFGHANISTAN, AND COSTA RICA THAT SUPPORT ITS GLOBAL DOG

CAMPAIGN. IN 2022, WBI ENGAGED WITH CIVIL SOCIETY NETWORKS TO PROMOTE

SUSTAINABLE DEVELOPMENT AT THE UNITED NATIONS TO BENEFIT PEOPLE,

ANIMALS, AND THE ENVIRONMENT. WBI RECOGNIZES GAPS IN COLLABORATION

AMONG NGOS AND RELATED INSTITUTIONS REGARDING CAMPAIGNING AND

IMPLEMENTING PROGRAMS. WBI IS COMMITTED TO SEEKING OUT, ENCOURAGING,

AND ENHANCING COOPERATION BETWEEN ORGANIZATIONS TO DELIVER POLICY

IMPACT (DONATED PROFESSIONAL SERVICES - \$1,200).

EXPENSES \$ 2,923. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

ANDREW ROWAN, BOARD PRESIDENT & CHIEF PROGRAM OFFICER, HAS A FAMILY

RELATIONSHIP WITH KATHLEEN ROWAN, SECRETARY & CEO. THE BOARD IS FULLY AWARE

OF THIS RELATIONSHIP AND IS ENGAGED IN MONITORING AND OVERSEEING THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization WELLBEING INTERNATIONAL, INC.	Employer identification number 83-1593634
FINANCES AND THE PROGRAM ACTIVITY. THE BOARD AGREES THAT T	HE ORGANIZATION
BENEFITS FROM THIS ARRANGEMENT. THE ORGANIZATION RENTS SPA	CE, INCLUDING
UTILITIES, INSURANCE, PHONE, AND INTERNET, EACH MONTH FROM	THE BOARD
PRESIDENT & THE BOARD SECRETARY FOR \$1,000. THE BOARD HAS	APPROVED AND
ENTERED INTO A LEASE AGREEMENT FOR THE SPACE. THIS IS REPO	RTED ON SCHEDULE
L.	

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT AUDIT & TAX FIRM. THE CEO REVIEWS THE FINAL DRAFT AND SENDS THE DRAFT TO THE AUDIT & FINANCE COMMITTEE. THE AUDIT & FINANCE COMMITTEE REVIEWS THE DRAFT AND VOTES TO MAKE A RECOMMENDATION TO THE FULL BOARD. THE RECOMMENDED FORM 990 IS SENT TO EACH BOARD MEMBER FOR REVIEW. THE FORM 990 IS THEN DISCUSSED. IF NO

OBJECTIONS, THE BOARD APPROVES THE SUBMISSION OF THE FORM TO THE IRS.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED, READ, UNDERSTANDS AND WILL COMPLY WITH THE CONFLICT OF INTEREST POLICY.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE 232212 10-28-22 41

12390320 745960 37610

2022.03010 WELLBEING INTERNATIONAL,

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization WELLBEING INTERNATIONAL, INC.	Employer identification number 83-1593634
MEETING WHILE THE DETERMINATIONS OF A CONFLICT OF INTEREST	IS DISCUSSED AND
VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL	DECIDE, IF A
CONFLICT OF INTEREST EXISTS.	

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

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

AT THIS TIME, THE ORGANIZATION'S CEO, CPO AND EDITOR-IN-CHIEF DONATE THEIR SERVICES. COMPARABILITY DATA FOR THESE POSITIONS IS OBTAINED TO DETERMINE THE FMV OF THEIR SERVICES.

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

THE ORGANIZATION ROUTINELY POSTS ITS FORM 990, AUDITED FINANCIAL

STATEMENTS, PRIVACY POLICY, AND ANNUAL REPORTS ON THE WELLBEING

INTERNATIONAL WEBSITE.

FORM 990, PART VII, SECTION A:

ANDREW ROWAN, PRESIDENT & CHIEF PROGRAM OFFICER, KATHLEEN ROWAN,

SECRETARY & CHIEF EXECUTIVE OFFICER, AND STEVAN HARNAD, EDITOR-IN-CHIEF

OF WELLBEING INTERNATIONAL'S ANIMAL SENTIENCE JOURNAL, DONATE THEIR

TIME TO WELLBEING INTERNATIONAL. THEIR DONATED SERVICES ARE INCLUDED IN

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THE IN-KIND PROFESSIONAL SERVICES FIGURES NOTED IN THE PART III

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization WELLBEING INTERNATIONAL, INC.	Pag Employer identification numb 83-1593634
STATEMENTS OF PROGRAM SERVICE ACCOMPLISHMENTS. THER	·
IAVE ANY REPORTABLE COMPENSATION REPORTED IN FORM 9	
ORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES: SOCIAL MEDIA:	
ROGRAM SERVICE EXPENSES	13,038.
IANAGEMENT AND GENERAL EXPENSES	0.
UNDRAISING EXPENSES	0.
OTAL EXPENSES	13,038.
PROFESSIONAL SERVICES: WEBSITE:	
ROGRAM SERVICE EXPENSES	17,187.
IANAGEMENT AND GENERAL EXPENSES	301.
UNDRAISING EXPENSES	26.
TOTAL EXPENSES	17,514.
PROFESSIONAL SERVICES: DATABASE-APPLICATION DEV.:	
PROGRAM SERVICE EXPENSES	3,000.
IANAGEMENT AND GENERAL EXPENSES	0.
UNDRAISING EXPENSES	0.
COTAL EXPENSES	3,000.
PROFESSIONAL SERVICES: OTHER:	
PROGRAM SERVICE EXPENSES	16,692.
IANAGEMENT AND GENERAL EXPENSES	0.
UNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,692.
32212 10-28-22 <b>43</b>	Schedule O (Form 990) 20

lame of th	ie organizati	) 2022 on	יתדד		тышыр	NAMTO	NT 7 T	TNO				Employer identification numb
	WELLBEING INTERNATIONAL, INC. CAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A											83-1593634
OTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	50,244

12390320 745960 37610