Form 99()
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Department of the Treasury Internal Revenue Service

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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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



ΑF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	Doing business as		20-38236	04
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr			(802) 45	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,753,427.
	Amer	BRISIOL, VI 05445		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: I HOMAS M WELLIS		for subordinates	? Yes X No
	pendi	^{ng} 19 MAIN STREET, BRISTOL, VT 05443		H(b) Are all subordinates in	cluded? Yes No
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	n number
KF	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 2005	I State of legal domicile: VT
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: TO C	REATE	SOCIAL CHANC	GE THROUGH
ő		EDUCATION AND COMMUNITY BUILDING BY PROVI	DING E	BRIGHT YOUNG	PEOPLE IN
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7	
vitie	6	Total number of volunteers (estimate if necessary)	6	194	
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		434,272.	882,627.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-366,692.	68,311.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,602.	7,715.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,182.	958,653.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		539,924.	395,840.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		334,171.	495,605.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be Xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 124, 1	53.		
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		133,970.	295,387.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,008,065.	1,186,832.
	19	Revenue less expenses. Subtract line 18 from line 12		-923,883.	-228,179.
OL SEC			Be	ginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		2,143,910.	2,102,460.
t As	21	Total liabilities (Part X, line 26)		2,214.	25,446.
Plan		Net assets or fund balances. Subtract line 21 from line 20		2,141,696.	2,077,014.
I Pa	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.

Sign	Signature of officer				Date		
	LISA MEADOWCROFT, EXECUTIV	VE DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	HARRISON PEREIRA			10/03	/24 self-employed	P0074686	57
Preparer	Firm's name TAIT, WELLER & BA	KER LLP			Firm's EIN 23-	1144520	
Use Only	Firm's address 50 SOUTH 16TH STR	EET, SUITE	2900				
	PHILADELPHIA, PA	19102			Phone no. $215-$	979-8800)
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No						
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) WELLS MOUNTAIN INITIATIVE INC.	20-3823604	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO CREATE SOCIAL CHANGE THROUGH EDUCATION AND COMMUNI		
	PROVIDING BRIGHT YOUNG PEOPLE IN THE DEVELOPING WORLD		
	SCHOLARSHIPS AND SKILLS TRAINING, BUILDING A NETWORK	OF GRASSROOTS	
_	LEADERS WHO ARE CATALYZING COMMUNITY TRANSFORMATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the yea		v
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		v .
	Did the organization cease conducting, or make significant changes in how it conducts, any program server		XNo
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program service.	• •	ad
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t revenue, if any, for each program service reported.	o others, the total expenses, ar	iu
4a	(Code:) (Expenses \$ 894,728 · including grants of \$ 395,840 ·)	(Payanua ¢)
	PROVIDED PROGRAMMING AND FUNDING FOR YOUNG PEOPLE AND)
	THE DEVELOPING WORLD TO SUPPORT POST-SECONDARY EDUCAT		
	DEVELOPMENT AND COMMUNITY DEVELOPMENT.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		4	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 894,728.		
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Form 990 (2	2023)	WELLS	MOUNTAIN	INITIATIVE	INC.
Part IV	Ch	ecklist of Required S	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</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? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</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? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
b	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	- 23
14а ь		148	- 23	
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		Х
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 WELLS
 MOUNTAIN
 INITIATIVE
 INC.

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

	· (contractory		N/	
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X X
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 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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	27	1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) WELLS MOUNTAIN INITIATIVE INC.		20-3823	604	P	age 5
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	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	וs?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is req	uired	_		37
	to file Form 8282?		1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
-	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 organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
•				8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	40-	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	<u>11a</u>		-		
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)	1041	l	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	:	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D.	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	13c		1		
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.		ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitio				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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WELLS MOUNTAIN INITIATIVE INC.

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Part VI	Governance, Management, and Disclosure.	For each "	"Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, p		

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 13						
	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 13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
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 appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13 b. Ware officers, directors, or trustees, and key ampleuses required to disclose appually interests that could give rise to conflict?						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х				
40	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13 14	X				
14 15	Did the organization have a written document retention and destruction policy?	14	Λ				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		x			
	Other officers or key employees of the organization	15a		X			
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
104	taxable entity during the year?	16a		x			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $_VT$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website 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	l finano	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	THE ORGANIZATION - (802) 453-4065						
	25D MAIN STREET, BRISTOL, VT 05443	-	000	(0000)			
332006	12-21-23 6	Form	390	(2023)			
	0						

2023.04030 WELLS MOUNTAIN INITIATIVE 3272.001

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	ı an	an compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		trom the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JORDYN WELLS EXECUTIVE DIRECTOR UNTIL JULY 2023	40.00	-		x				94,365.	0.	2,315.
(2) LISA MEADOWCROFT	40.00									
EXECUTIVE DIRECTOR - CURRENT		1		x				83,880.	0.	10,000.
(3) THOMAS M. WELLS	4.00							-		
CHAIRMAN		x		x				0.	0.	0.
(4) RICK KUSHEL	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARY CLARK ROMNEY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ROBERT DILL	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTOPHER LUTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KENNETH FORESTER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GWENAEL APOLLON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DIDIER BLESIN	1.00									
DIRECTOR		х						0.	0.	0.
(11) GAIL NYSTROM	1.00									
DIRECTOR		Х						0.	0.	0.
(12) RICK CLAYDON	1.00								•	
DIRECTOR	1 0 0	X						0.	0.	0.
(13) PAUL JERUCHIMOWITZ	1.00								<u>^</u>	
DIRECTOR	1 0 0	X						0.	0.	0.
(14) AFOLOBI OGUNNAIKE	1.00								^	
DIRECTOR	1 00	Х						0.	0.	0.
(15) MARGARET RUSH	1.00	v						_	0.	
DIRECTOR		X						0.	0.	0.
		I	L							000 (2222)

332007 12-21-23

Form 990 (2023)

		UNTAIN I	INI	TI	AΤ	IV	Έ	IN	IC.	20-38	<u>323</u>	604	Pa	age 8
Part	VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)	(C) Position						(D)	(E)			(F)	
	Name and title	Average hours per		not ch	eck n	nore t	than o		Reportable	Reportable			timate	
		week		, unles: cer and					compensation from	compensatio from related			nount (other	01
		(list any	tor						the	organization			pensa	tion
		hours for	direc.				pa		organization	(W-2/1099-MIS			om the	
		related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	ľ	org	anizati	ion
		organizations	al trus	nal tr		loyee	e e		1099-NEC)		ľ	and	d relate	ed
		below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ľ	orga	anizatio	ons
			Inc	<u>s</u>	#J	Key	en (Foi						
						_								
			-											
			-											
1b \$	Subtotal								178,245.		0.	1	2,31	15.
	otal from continuation sheets to Part V								0.		0.			0.
_d 1	otal (add lines 1b and 1c)								178,245.		0.	1	2,31	15.
	otal number of individuals (including but	not limited to th	ose	listec	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	;			0
	ompensation from the organization												Yes	0 No
• •			1					ام: ما			ſ		165	NU
	bid the organization list any former office				•	•		•	• •	•	ľ	2		X
	ne 1a? If "Yes," complete Schedule J for or any individual listed on line 1a, is the s											3		<u></u>
	nd related organizations greater than \$1									le organization	ľ	4		Х
	Did any person listed on line 1a receive or									lual for services		-		
	endered to the organization? If "Yes." co							Juice				5		Х
	on B. Independent Contractors													
	Complete this table for your five highest o										ensat	tion fro	om	
l	ne organization. Report compensation fo (A)	r the calendar y	eare	nain	g wi	un o	or wit		the organization's tax yet (B)	ear.		(0	2)	
	Name and busines	s address	NC	ONE					Description of s	ervices	C	ompe		n
								+						
								_						
	otal number of independent contractors		ot lin	nited	to t	~		ted	above) who received mo	ore than				
	100,000 of compensation from the organ	nization				0							000	

Form **990** (2023)

332008 12-21-23

					NTAI	N INITIA	FIVE INC.		20-3823	604 Page 9
Pa				venue						
			Check if Schedule O d	contains a re	sponse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
										360110113 3 12 - 3 1
nts Its	1	а	Federated campaigns		a					
Dur		b	Membership dues		b					
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events	1	c	4,250.				
r A			Related organizations		d					
<u> </u>			Government grants (contri		e					
Sins					<u> </u>					
er		т	All other contributions, gifts,			050 055				
jā t			similar amounts not included		f	878,377.				
5 d		g	Noncash contributions included in	lines 1a-1f	g \$					
aSo		h	Total. Add lines 1a-1f				882,627.			
						Business Code				
	0	~								
ice	2	а								
ve v		b								
S u		С								
evi		d								
Program Service Revenue		е								
Å		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (incluc	•			CO 101			CO 101
							69,101.			69,101
	4		Income from investment of	of tax-exempt	bond p	proceeds				
	5		Royalties	. <u></u>						
				(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a						
	•		Less: rental expenses	6b						
		b								
		С	Rental income or (loss)	6c						
			Net rental income or (loss)			<u></u>				
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a 1,79	2,477.					
		b	Less: cost or other basis							
ē			and sales expenses	7b 1,79	3,267.					
evenue		~	Gain or (loss)	7c	-790.					
ě							-790.			-790.
Ř			Net gain or (loss)			<u></u>	-790.			-750.
Other	8	а	Gross income from fundraisin							
ō			including \$	4,250.	of					
			contributions reported on	line 1c). See						
			Part IV, line 18		8a	9,222.				
		b	Less: direct expenses			1,507.				
			Net income or (loss) from				7,715.			7,715
	~			-		Τ	.,			.,, 20
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from	gaming activ	ities					
	10	а	Gross sales of inventory, I	ess returns						
			and allowances			a				
		h								
	b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory									
		C	The Income of (loss) from	Sales OF INVE	nory	Bueirees Ord				
<u>s</u>						Business Code				
e Sol	11	а								l
scellaneo <u>Revenue</u>		b				ļ				
eve		с								
Miscellaneous Revenue		d	All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				958,653.	0,	0.	76,026.
00007										Form 990 (2023
33200	9 12-	-21-	23							

^{332009 12-21-23}

WELLS MOUNTAIN INITIATIVE INC. Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nolete column (A)	
0000	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	205 940	205 040		
	individuals. See Part IV, lines 15 and 16	395,840.	395,840.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
Э	trustees, and key employees	190,560.	127,563.	9,762.	53,235.
6	Compensation not included above to disqualified	190,0000	12775050	577021	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	257,869.	175,204.	30,104.	52,561.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,414.	8,964.	2,667. 2,815.	<u>4,783.</u> 7,318.
10	Payroll taxes	30,762.	20,629.	2,815.	7,318.
11	Fees for services (nonemployees):				
а	Management				
	Legal	10 015		10 015	
	Accounting	18,015.		18,015.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	22,532.		22,532.	
f	Investment management fees	44,554.		<u> </u>	
y	column (A), amount, list line 11g expenses on Sch 0.)	51,490.	480.	51,010.	
12	Advertising and promotion	01,1000	1000	01/0100	
13	Office expenses	41,174.	10,931.	24,039.	6,204.
14	Information technology	,	•		•
15	Royalties				
16	Occupancy				
17	Travel	12,896.	10,917.	1,956.	23.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100.000	101 505		
19	Conferences, conventions, and meetings	133,983.	131,586.	2,368.	29.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,606.		2,606.	
23 24	Insurance	2,000.		2,000.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a					
b					
с С					
d	All other expenses	12,691.	12,614.	77.	
е 25	All other expenses	1,186,832.	894,728.	167,951.	124,153.
<u>25</u> 26	Joint costs. Complete this line only if the organization	1,100,002.			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

10 2023.04030 WELLS MOUNTAIN INITIATIVE 3272.001

Form 990 (2023)

11201003 758275 3272.000

2,141,696.

2.143.910.

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31

32

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2,077,014.

2,102,460.

Form 990 (2023)

WELLS	ΜΟΠΝΤΑΤΝ	INITIATIVE	TNC.
NETTO	MOONTAIN		THC.

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

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 198,758. 273,508. 1 1 Cash - non-interest-bearing 0. 25,858. Savings and temporary cash investments 2 30,700. 0. 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 1,772,394. 0. Investments - publicly traded securities 11 1,945,152. Investments - other securities. See Part IV, line 11 0. 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 2,143,910. 2,102,460. Total assets. Add lines 1 through 15 (must equal line 33) 16 2,214. 25,446. Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 2,214. 25,446. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,141,696. 1,315,014. 27 Net assets without donor restrictions 762,000. Net assets with donor restrictions 0. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29

Form 990 (2023 Part X | Balance Sheet

2

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4 5

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30 31

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Liabilities

Net Assets or Fund Balances

Assets

Form	990 (2023) WELLS MOUNTAIN INITIATIVE INC.	<u> 20-3</u>	823604	Pag	_{1e} 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		3,65				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,186	-				
3	Revenue less expenses. Subtract line 2 from line 1	3	-228					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,141					
5	Net unrealized gains (losses) on investments	5	186	5,10)5.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	-22	2,60				
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	2,077	7,01	L4.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 /				

Form **990** (2023)

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
2023
Open to Public Inspection

Name of the organization

Nam	lame of the organization Employer identification number										
		WELL	S MOUNTAIN	INITIATIVE :	INC.			2	0-3823604		
Par	tl	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The c	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Con									
11		An organization organized a	-	•	•						
12		An organization organized a	•	•	•		-	•			
		more publicly supported or	-						Check the box on		
_	_	lines 12a through 12d that	• •					-	-1. d		
а		Type I. A supporting orga		-	• • • •	-					
		the supported organization			majority c	of the direc	tors or truste	es of the sl	ipporting		
h		organization. You must o	-		ion with its		d organizatio	o(o) by boy	ina		
b		Type II. A supporting org	-				•		-		
		control or management o organization(s). You mus			ame perso	ns that coi		ye ine supp	Joned		
~		Type III functionally inte			in connoct	ion with a	and functional	ly intograte	d with		
с		its supported organization						ly integrate			
d		Type III non-functionally		-				ted organia	ration(s)		
u	L	that is not functionally int	• •					Ũ			
		requirement (see instructi			•		-	anatonin			
е		Check this box if the orga						II Type III			
Ū	L	functionally integrated, or					, , , , , , , , , , , , , , , , , , , ,	n, 1990 m			
f	Ente	er the number of supported of			0 0						
g		vide the following information	•								
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	,	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
			ļ								
Total											

Part II

WELLS MOUNTAIN INITIATIVE INC.

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	606,059.	2512326.	536,112.	434,272.	882,627.	4971396.
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 \dots						
4	Total. Add lines 1 through 3	606,059.	2512326.	536,112.	434,272.	882,627.	4971396.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2532519.
	Public support. Subtract line 5 from line 4.						2438877.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	606,059.	2512326.	536,112.	434,272.	882,627.	4971396.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					CO 101	CO 101
	and income from similar sources					69,101.	69,101.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5040407
	Total support. Add lines 7 through 10		<u> </u>				5040497.
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi						·····
	Public support percentage for 2023 (I			column (f))		14	48.39 %
	Public support percentage from 2022		-				$\frac{10000}{100.00}$ %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	-					37
b	33 1/3% support test - 2022. If the c		0				
	and stop here. 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						
						Schedule A	(Form 990) 2023

332022 12-21-23

14 2023.04030 WELLS MOUNTAIN INITIATIVE 3272.001

Schedule A	(Form 990)	2023	WELLS	MOUNTAIN	INITIATIVE	INC.
Part III	Support	Schedule	for Organiz	ations Descri	bed in Section 50)9(a)(2)

WELLS MOUNTAIN INITIATIVE INC.

(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						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organ	ization,
_	check this box and stop here						
	tion C. Computation of Publ					 	
	Public support percentage for 2023 (-	column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves					, , , , , , , , , , , , , , , , , , , 	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	ia, or 19b, check t	inis box and see ins		
33202	3 12-21-23		15	5		Sched	ule A (Form 990) 2023

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WELLS MOUNTAIN INITIATIVE INC.

Ye<u>s</u>

No

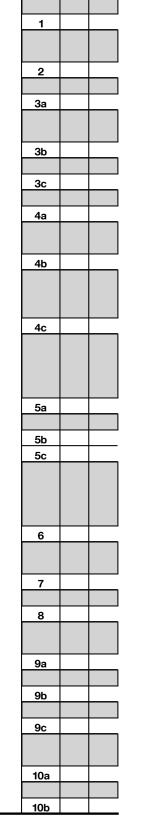
Part IV | Supporting Organizations

(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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Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 WELLS MOUNTAIN INITIATIVE INC.

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?	L	
b	A family member of a person described on line 11a above? 11		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	:	
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
0	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		

- 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).* Put researce of the relationship of the relationship of the supported organization (s).
- **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. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how	you supported a government	al entity (see instruction <u>s).</u>
-----	---	-------------------------	----------------------------	---------------------------------------

- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2

3

2a

2b

3a

Yes No

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	I Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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-functior	nally integrated	d Type III supporting orga	nization (see		

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

WELLS MOUNTAIN INITIATIVE INC.

WELLS MOUNTAIN INITIATIVE INC.

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				1
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			INITIATIVE		20-3823604 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4 , lines 2 and 3	o, 4c, 5a, 6, 9a, 9b : Part IV. Section E), 9c, 11a, 11b, and 1 E. lines 1c. 2a. 2b. 3a.	1c; Part IV, Section B, I and 3b: Part V. line 1:	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, Idditional information.
	(See instructions.)					
332028 12-21-2	3			20		Schedule A (Form 990) 202

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LHA

ment of the Treasury		

Name of the organization

Schedule of Contributors

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

2023

Employer identification number

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 not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

WELLS MOUNTAIN INITIATIVE INC.

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

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

Special Rules

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

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

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

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

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

Depart Internal Revenue Service

Schedule B (Form 990) (2023)

Name of organization

Page 2

Employer identification number

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WELLS MOUNTAIN INITIATIVE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT DILL 101 WASHINGTON AVE SPRING LAKE, NJ 07762	\$ <u>21,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KEN FORESTER <u>307 BYRON PL</u> <u>MAYWOOD, NJ 07607</u>	\$313,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KAUFMAN FAMILY FOUNDATION1 FRANKLIN PARK WEST, P.O. BOX 320ST. ALBANS, VT 05478	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARJORIE BUNNELL CHARITABLE FUND PO BOX 15627 C/O THE AMERICAN GIFT FUND WILMINGTON, DE 19850	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARY ROMNEY 233 GLEN RD WOODCLIFF LAKE, NJ 07677	\$134,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TOM & CAROL WELLS 1869 LAKE ST SHOREHAM, VT 05770	\$ <u>148,535.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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WELLS	MOUNTAIN INITIATIVE INC.	20-3823604	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2023)

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2023.04030 WELLS MOUNTAIN INITIATIVE 3272.001

Page 3
Employer identification number

Schedule B (Form 990) (2023)

Name of organization

Schedule E	3 (Form 990) (2023)				Page 4				
Name of or	rganization				Employer identification number				
WELLS	MOUNTAIN INITIATIVE INC				20-3823604				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations describ			hat total more than \$1,000 for the year				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	haritable, etc., contributions of \$1	,000 or less for th	e year. (Enter this info.	once.) \$				
(a) No.	Use duplicate copies of Part III if additional s	space is needed. I							
from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Des	cription of how gift is held				
<u> </u>									
F		(e) Transfe	er of gift						
			0						
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Des	cription of how gift is held				
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Des	cription of how gift is held				
_									
	(e) Transfer of gift								
	Transferee's name, address, a	nd 7I P + 4	Relationship of transferor to transferee						
	,,,,,								
(a) No. from	(b) Purpose of gift	(c) Use of g	ft.	(d) Des	cription of how gift is held				
Part I				(d) Des					
-									
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee				
323454 12-26	-23				Schedule B (Form 990) (2023)				

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SCHEDULE D (Form 990) Department of the Treasury Department of the Treasury					OMB No. 1	545-0047 23 Public	
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspect	
Nam	e of the organizati	on WELLS MOUNTAIN INIT	TIATIVE INC.		Employ	veridentificatio	
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Simila	ar Funds or Ac	counts	Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.				
			(a) Donor advised fund	ds	(b) Funds	and other accou	unts
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5	•	on inform all donors and donor advisors in v	•				<u> </u>
•		on's property, subject to the organization's e				Yes	└── No
6	-	on inform all grantees, donors, and donor ac poses and not for the benefit of the donor or			•		
	impermissible priv		donor advisor, or for any othe		5	Yes	No
Pa		ation Easements. Complete if the org					
1		servation easements held by the organizatio		,,,			
		n of land for public use (for example, recreat	· · · · · · · · · · · · · · · · · · ·	servation of a histo	prically imp	portant land are	a
	Protection c	of natural habitat	Pres	servation of a certi	fied histor	ric structure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualifi	ed conservation contribution i	in the form of a co	nservatior	n easement on t	he last
	day of the tax year	r.			He	eld at the End of t	he Tax Year
а	Total number of co	onservation easements			2a		
	•				2b		
		vation easements on a certified historic stru			2c		
d		vation easements included on line 2c acqui	•				
-		ture listed in the National Register			2d		
3		vation easements modified, transferred, rele	eased, extinguished, or termin	ated by the organi	zation dur	ing the tax	
4	year	where property subject to conservation eas	amont is located				
5		tion have a written policy regarding the peri		andling of			
Ŭ	0	forcement of the conservation easements it	0, 1 ,	0		Yes	🗌 No
6		r hours devoted to monitoring, inspecting, I	nandling of violations, and enf	orcina conservatio	n easeme	nts during the v	
				0		0,	
7	Amount of expense	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcin	g conservation ea	sements d	luring the year	
8		vation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)		
_	and section 170(h					Yes	└── No
9		be how the organization reports conservation		-			
		d include, if applicable, the text of the footn	ote to the organization's finan	cial statements the	at describ	es the	
Pa		ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasur	es. or Other S	imilar A	ssets.	
	•	f the organization answered "Yes" on Form	•				
1 a		elected, as permitted under FASB ASC 958		statement and bala	ance shee	t works	
	•	easures, or other similar assets held for pub	· ·				
		Part XIII the text of the footnote to its finan					
b	· •	elected, as permitted under FASB ASC 958			e sheet wo	orks of	
		sures, or other similar assets held for public					
		ing amounts relating to these items.					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$ _		
	(ii) Assets include	ed in Form 990, Part X			\$_		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ę
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de

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-	_	_	_						

25

2023.04030 WELLS MOUNTAIN INITIATIVE 3272.001

\$ \$

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 WELLS MOU	JNTAIN INI	TIATIVE 1	INC.		20-38	<u>23604</u>	: Pa	_{age} 2
Pa	t III Organizations Maintaining Coll	lections of Art,	, Historical Tr	easures, or Othe	er Simi	ilar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession,	and other records	, check any of the	following that make	significa	nt use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or ex	change program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's collect	ctions and explain	how they further	the organization's exe	empt pur	pose in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations of	art, historical tre	asures, or other simila	ar assets		_		_
_	to be sold to raise funds rather than to be maint						Yes		No
Pa	t IV Escrow and Custodial Arrange		e if the organization	on answered "Yes" or	n Form 9	90, Part IV, li	ne 9, or		
	reported an amount on Form 990, Part X								
1 a	Is the organization an agent, trustee, custodian,		•				-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing table:		_		<u> </u>		
							Amount		
	Beginning balance					c			
	Additions during the year					d			
е	Distributions during the year								
f	Ending balance				1	f			
	Did the organization include an amount on Form				oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch t V Endowment Funds Complete if the								
Fai						aa waara baak	(a) Four	vooro	haal
		a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four		
1a	Beginning of year balance	1,980,172.	2,606,431			.,355,032.	<u> </u>	163,	668.
b	Contributions	112,813.	1,973	,	_	25,190.		256	264
c	Net investment earnings, gains, and losses	119,071.	-678,910	. 1,424,480.		-52,096.		256,	364.
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs	250 000	20 222	21 070		27 425		65	000
	Administrative expenses	250,000.	29,322		_	37,435.	1		000.
g	End of year balance	1,962,056.	1,900,172	, ,		,290,691.	⊥ <u></u> ,	355,	032.
2	Provide the estimated percentage of the current	t year end balance		a)) neid as:					
a	Board designated or quasi-endowment Permanent endowment .0000		_%						
a	0000	%							
С									
0-	The percentages on lines 2a, 2b, and 2c should	•		and a share in taken as all form					
Ja	Are there endowment funds not in the possessio	on of the organizat	ion that are held a	and administered for i	ine		Г	Yes	No
	organization by:							103	X
	(i) Unrelated organizations?						3a(i) 3a(ii)		X
h	(ii) Related organizations?								
ں ۸	Describe in Part XIII the intended uses of the org			۰			30		
Pa	t VI Land, Buildings, and Equipmen		ment lunus.						
	Complete if the organization answered "		Part IV. line 11a.	See Form 990. Part X	(, line 10				
	Description of property	(a) Cost or ot			Accumu		(d) Book	value	
	Description of property	basis (investm			epreciat			value	5
19	Land	· · · · · · · · · · · · · · · · · · ·		- ()					
b	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must equa	I Form 000 Port V	line 10c colum	n <i>(</i> B))					0.
						Schedule	D (Form	990)	

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Schedule D	(Form 990) 2023 WELLS MOUNT	TAIN INITIATIV	E INC.	20-3823604 Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, P	art X, line 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	' on Form 990, Part IV, line	11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value		luation: Cost or end-of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	Les Farme 000 Dart IV/ line	11d Cas Farma 000 D	
	Complete if the organization answered "Yes"	Description	11d. See Form 990, P	(b) Book value
(4)	(a	Description		
(1)				
<u>(2)</u> (3)				
(4)				
(1) (5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X	Other Liabilities	,= <i>u</i>		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes"	' on Form 990, Part IV, line	11e or 11f. See Form	990, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Fec	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>ımn (b) must equal Form 990, Part X, line 25, co</u>			
2. Liability	v for uncertain tax positions. In Part XIII, provid	e the text of the footnote to	the organization's fina	ancial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990. Part X. line 15. col. (B))	
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 3	25.

Sche	dule D (Form 990) 2023 WELLS MOUNTAIN INITIATIVE	INC.		20-	3823604 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	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	1,136,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	186,105.		
b	Donated services and use of facilities		12,927.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1,507.		
е	Add lines 2a through 2d			2e	200,539.
3	Subtract line 2e from line 1			3	936,121.
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	22,532.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	22,532.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	958,653.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,178,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		12,927.	_	
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	1,507.		
е	Add lines 2a through 2d			2e	<u>14,434.</u> 1,164,300.
3	Subtract line 2e from line 1			3	1,164,300.
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	22,532.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	22,532.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,186,832.
	t XIII Supplemental Information				
Prov	de 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	4; Part X	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional inforn	nation.		
PAI	RT X, LINE 2:				
MAN	NAGEMENT HAS EVALUATED THE INITIATIVE'S TAX	C POSIT	TIONS AND C	CONC	LUDED THAT

THE INITIATIVE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES

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1,507.

1,507.

Schedule D	2023

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023

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Department of the Treasury			Attach to Form 990.		E	Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	formation.		Inspection
Name of the organization					Employer ic	dentification number
WELLS MOUNTAIN	INITIATI	VE INC.			20-382	3604
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	nization answei	red "Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Does	s the organizatior	n maintain record	ds to substantiate the amount of its grar	its and other	assistance,	
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the g	rants or assis	stance?	X Yes No
•	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outside the
United States.						
3 Activities per Region. (T (a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is ne (d) Activities conducted in the region		vity listed in (d) (f) Total
(a) negion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type e(s) in the regio	expenditures for and investments
		In the region				
			SCHOLARSHIPS & GRANTS TO			
			RECIPIENTS LOCATED IN			
SOUTH ASIA	0	0	REGION			6,950.
			SCHOLARSHIPS & GRANTS TO			
MIDDLE EAST AND			RECIPIENTS LOCATED IN			
NORTH AFRICA	0	0	REGION			3,900.
			SCHOLARSHIPS & GRANTS TO			
SOUTH AMERICA	0	0	RECIPIENTS LOCATED IN REGION			850.
SOUTH AMERICA	0	0	REGION			850.
			SCHOLARSHIPS & GRANTS TO			
			RECIPIENTS LOCATED IN			
SUB-SAHARAN AFRICA	0	0	REGION			356,373.
			SCHOLARSHIPS & GRANTS TO			
CENTRAL AMERICA AND			RECIPIENTS LOCATED IN			
THE CARIBBEAN	0	0	REGION			2,525.
			SCHOLARSHIPS & GRANTS TO			
EAST ASIA AND THE	0	0	RECIPIENTS LOCATED IN			7 000
PACIFIC	0	0	REGION			7,909.
			SCHOLARSHIPS & GRANTS TO			
			RECIPIENTS LOCATED IN			
NORTH AMERICA	0	0	REGION			4,115.
			SCHOLARSHIPS & GRANTS TO			
EUROPE (INCLUDING			RECIPIENTS LOCATED IN			
ICELAND & GREENLAND)	0		REGION			1,968.
3 a Subtotal	0	0				384,590.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	0	0				384,590.
and 3b)	0	<u>_</u>				501,550.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332071 11-29-23

SCHEDULE F (Form 990)

e 2		, Š						0 8
Page 2	any	(i) Method of valuation (book, FMV, appraisal, other)				 		0 Schedule F (Form 990) 2023
	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(h) Description of noncash assistance						Sched
20-3823604	"Yes" on Form 9	(g) Amount of noncash assistance	.0					
20-38	janization answered	(f) Manner of cash disbursement	WIRE TRANSFER				scognized as a tax valency letter	
	omplete if the org ded.	(e) Amount of cash grant	8,500.				oreign country, re ion 501(c)(3) equi	
INITIATIVE INC.	• the United States. additional space is ne	(d) Purpose of grant	FISCAL PARTNERSHIP				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
MOUNTAIN	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region	SUB-SAHARAN AFRICA				s listed above that are re r for which the grantee or	r entities
MELLS	r Assistance to Org eived more than \$5,0	(b) IRS code section and EIN (if applicable)	94 N				ecipient organization iization by the IRS, o	other organizations o
Schedule F (Form 990) 2023	Grants and Othe recipient who rec	1 (a) Name of organization					nter total number of r empt 501(c)(3) orgar	Enter total number of other organizations or entities
Schedul	Part II	1 (a) Nai					о В	с С

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Schedule F (Form 990) 2023 WELLS MOUNTAIN INITIL Part III Grants and Other Assistance to Individuals Outside the United Si	WELLS MOUNTAIN nce to Individuals Outside ti	N INITIATIVE the United States. Co	ATIVE INC . tates. Complete it	E INC . 20-3823604 Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	20-3823604 s" on Form 990, Part I	V, line 16.	Page 3
Part III can be duplicated if additional space is needed (a) Type of grant or assistance	additional space is needec (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	CENTRAL AMERICA AND THE CARIBBEAN	N	2,525.1	WIRE TRANSFER			
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	EAST ASIA AND THE PACIFIC	σ	7,909.1	WIRE TRANSFER	0.		
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,968.1	WIRE TRANSFER	0.		
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	MIDDLE EAST AND NORTH AFRICA	4	ν°006΄ε	WIRE TRANSFER	0.		
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	NORTH AMERICA	و	4,115.	WIRE TRANSFER			
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	SOUTH AMERICA		850.	WIRE TRANSFER			
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	SOUTH ASIA	ى	6,950.	WIRE TRANSFER			
SCHOLARSHIPS TO RECIPIENTS LOCATED IN REGION	SUB-SAHARAN AFRICA	284	356,373.1	WIRE TRANSFER	0.		
						Sched	Schedule F (Form 990) 2023

332073 11-29-23

Schedule F (Form 990			MOUNTAIN	INITIATIVE	INC.
Part IV Foreig	n Form	s			

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 the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the 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 the 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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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 the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

WELLS MOUNTAIN INITIATIVE INC. Schedule F (Form 990) 2023 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

WMI SCHOLARS ARE SELECTED THROUGH THE SUBMISSION OF AN ONLINE APPLICATION AND UNDERGO A 5-STAGE REVIEW PROCESS. WMI ACCEPTS APPLICATIONS ONCE A YEAR AND SELECTS ONLY 3-5% OF OVER 1100 APPLICANTS. WMI STUDENT SCHOLARS (SCHOLARS CURRENTLY ENROLLED IN POST-SECONDARY SCHOOL) ARE REQUIRED TO SUBMIT TWO REPORTS A YEAR WITH GRADES, A FINANCIAL REPORT AND COMMUNITY SERVICE REPORT (WE REQUIRE 100 HOURS OF COMMUNITY SERVICE FOR ALL STUDENT SCHOLARS). WMI COMMUNITY DEVELOPMENT GRANTS ARE OPEN ONLY TO GRADUATE SCHOLARS (SCHOLARS WHO HAVE COMPLETED THEIR POST-SECONDARY EDUCATION) AND RANGE FROM 500-1000 USD. GRANTEES ARE ACCEPTED THROUGH A 3 STAGE APPLICATION PROCESS AND ARE REQUIRED TO PARTICIPATE IN 1:1 PROJECT DEVELOPMENT SESSIONS WITH PROGRAM STAFF AND PROVIDE 3 & 6 MONTH AND 1 YEAR FINANCIAL AND IMPACT UPDATES.

332075 11-29-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.



WELLS MOUNTAIN INITIATIVE INC.

Employer identification number 20 - 3823604

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE DEVELOPING WORLD WITH STUDENT SCHOLARSHIPS AND SKILLS TRAINING,

BUILDING A NETWORK OF GRASSROOTS LEADERS WHO ARE CATALYZING COMMUNITY

TRANSFORMATION.

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

THOMAS WELLS, WHO IS THE BOARD CHAIR, SITS ON THE BOARD WITH HIS DAUGHTER

JORDYN WELLS

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

THE FORM 990 IS SENT TO CLIENT FOR REVIEW WHERE THEY DISTRIBUTE IT TO

GOVERNING BOARD - REVIEW FROM AND ASK ACCOUNTANT QUESTIONS.

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

ALL ACTUAL AND POTENTIAL CONFLICTS OF INTERESTS SHALL BE DISCLOSED BY BOARD MEMBERS TO THE WMI GOVERNANCE COMMITTEE AND BOARD CHAIR THROUGH THE ANNUAL DISCLOSURE FORM AND/OR TO THE BOARD WHENEVER A CONFLICT ARISES. DISINTERESTED MEMBERS OF THE WMI GOVERNANCE COMMITTEE AND BOARD CHAIR SHALL MAKE A DETERMINATION AS TO WHETHER A PROHIBITED CONFLICT EXISTS AND WHAT

SUBSEQUENT ACTION IS APPROPRIATE (IF ANY). THE WMI BOARD CHAIR SHALL INFORM

THE BOARD OF SUCH DETERMINATION AND ACTION. THE BOARD SHALL RETAIN THE

RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND SHALL RETAIN

THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND

APPLICATION OF THIS POLICY ON AN ANNUAL BASIS, ALL BOARD MEMBERS SHALL BE

PROVIDED WITH A COPY OF THIS POLICY AND REQUIRED TO COMPLETE AND SIGN THE

ACKNOWLEDGMENT AND DISCLOSURE FORM

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Name of the organization

20-3823604

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

THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, FINANCIALS STATEMENTS

AND TAX FILINGS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2023

332212 11-14-23