

Form 990EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2020

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: WELLS 4 WELLNESS INC. Address: PO BOX 233, MOLINE, IL 61266

D Employer identification number: 46-0651638. E Telephone number: (309) 236-1301. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3) (checked), 501(c) (), 4947(a)(1) or 527

K Form of organization: Corporation (checked), Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$166,434

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I (checked)

Table with 9 rows for Revenue. Line 1: 166,364. Line 4: 70. Line 9: Total revenue 166,434.

Table with 7 rows for Expenses. Line 10: 155,132. Line 13: 365. Line 15: 467. Line 16: 14,191. Line 17: Total expenses 170,155.

Table with 4 rows for Net Assets. Line 18: -3,721. Line 19: 83,826. Line 20: 301. Line 21: 80,406.