OMB No. 1545-1150

## 2014

Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

## Short Form 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.

► Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form990</u>.

Open to Public Inspection

A I	or th	ne 2014 calend	ar year, or tax year beginning 01-01-2014	and e	nding 12	2-31-2014		<u>_</u>	
B Check if applicable:			C Name of organization				D Emp	loyer identification number	
○ Address change ○ Name change ○ Initial return ○ Final return/terminated			WELLS 4 WELLNESS INC				46-0	46-0651638 E Telephone number	
			Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 1804 28TH AVENUE			<b>E</b> Telep			
						(309) 764-9296			
0 4	mend	ed return	City or town, state or province, country, and ZIP or foreign postal code			E Groun	<b>F</b> Group Exemption		
Application pending			MOLINE, IL 61265					Number	
						II. Charle	- 0		
<b>G</b> A	ccoun	iting Method:	Cash   Accrual Other (specify)			<b>H</b> Check require		ch Schedule B	
		<b></b>						-EZ, or 990-PF).	
		:e: N/A	nly one) - ♥ 501(c)(3) □ 501(c)( ) ◀(insert no.) □ 4947(a)(1)	ar O	F27				
				or O	527				
		•	Corporation					<del></del>	
L Adare	dd line \$500.	es 5b, 6c, and 7l .000 or more. fil	o to line 9 to determine gross receipts. If gross receipts are e Form 990 instead of Form 990-EZ	\$200,	000 or m	ore, or if tota	al assets	(Part II, column (B) below) • ► \$ 55.826	
	art I		Expenses, and Changes in Net Assets or Fund						
	aiti	Check if the	organization used Schedule O to respond to any question in	n this I	Part I				
	1		gifts, grants, and similar amounts received					47,240	
	2	Program service	e revenue including government fees and contracts				2		
	3	Membership du	es and assessments				3		
	4	Investment inc	ome				4		
ne	5a	Gross amount	rom sale of assets other than inventory	5a					
	b	Less: cost or of	her basis and sales expenses	5b			0		
	С	Gain or (loss) f	rom sale of assets other than inventory (Subtract line 5b fro	om line	5a) .		. 5c		
	6	Gaming and fundraising events							
	а	Gross income f	rom gaming (attach Schedule G if greater than \$15,000)	6a					
Revenue	b		rom fundraising events (not including \$nts reported on line 1) (attach Schedule G if the	of co	ntributio	ns from			
_		sum of such gr	oss income and contributions exceeds \$15,000)	6b		8,	586		
	С	Less: direct ex	penses from gaming and fundraising events	6c		4,	486		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and	d 6b ar	nd subtra	ct line 6c)	6d	4,100	
	7a		nventory, less returns and allowances	7a	I			·	
	b	Less: cost of go	oods sold	7b			0		
	С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a	)	٠		. 7c		
	8	Other revenue	(describe in Schedule 0)	·			. 8		
	9	Total revenue	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ 9	51,340	
$\exists$	10		ilar amounts paid (list in Schedule 0)				. 10		
ıs	11		o or for members				. 11		
	12	-	compensation, and employee benefits				. 12		
56	13	•	es and other payments to independent contractors				. 13	_	
do.	14		t, utilities, and maintenance				. 14	_	
EX	15		ations, postage, and shipping				. 15		
	16	5, 1	s (describe in Schedule O)				. 16	_	
	17	•	es. Add lines 10 through 16				<u>10</u> 17	· · · · · · · · · · · · · · · · · · ·	
$\dashv$	18	-	cit) for the year (Subtract line 17 from line 9)		·	· · ·	. 18		
	19	-	and balances at beginning of year (from line 27, column (A)	) (mus	t agree	vith	·	77,/70	
Assets			ure reported on prior year's return)	, (iiius	agree v	WICH	. 19	23,830	
t A	20						-	·	
Net	20	outer changes	in net assets or fund balances (explain in Schedule 0)				. 20	60.576	