efile Public Visual Render ObjectId: 201721229349200442 - Submission: 2017-05-02

TIN: 46-0651638

OMB No. 1545-1150

2016

## ${}_{\mathsf{Form}}990\text{-}EZ$

**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)

Department of the Treasury Internal Revenue Service			<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Information about Form 990-EZ and its instructions is at <a href="www.irs.gov/form999">www.irs.gov/form999</a></li> </ul>					Open to Public Inspection	
Α	For th	ne 2016 calenda	ar year, or tax year beginning 01-01-2016, a	nd en	ding 12	-31-2016			
_	Check if applicable:						D Employe	D Employer identification number	
Address change		-	WELLS 4 WELLNESS INC				46-0651638		
<ul><li>○ Name change</li><li>○ Initial return</li></ul>			Number and street (or P. O. box, if mail is not delivered to street address) Room/suite					E Telephone number	
Final return/terminated     Amended return     Application pending			1804 28TH AVENUE				(	(309) 764-9296	
			City or town, state or province, country, and ZIP or foreign postal code  MOLINE, IL 61265  F					F Group Exemption Number	
		tion pending							
G Accounting Method: ✓  I Website: ►N/A							to attach :	to attach Schedule B 0, 990-EZ, or 990-PF).	
JΤ	ax-exe	mpt status(check on	ıly one) - ☑ 501(c)(3) ☑ □ 501(c)( ) ◀(insert no.) □ 4947(a)(1) c	or O 5	27				
K F	orm of	organization: 🗸	Corporation ☐ Trust ☐ Association ☐ Other		•				
L A	Add line	es 5b, 6c, and 7b	to line 9 to determine gross receipts. If gross receipts are serious properties of Form 990-EZ	\$200,0	00 or mo	ore, or if total	assets (Pa	rt II, column (B) below)	
_	Part I		Expenses, and Changes in Net Assets or Fund E						
	aiti	Check if the	organization used Schedule O to respond to any question in	this P	art I		ons for Pari		
	1		ifts, grants, and similar amounts received					83,502	
	2	Program service	e revenue including government fees and contracts				2	<u> </u>	
Revenue	3	-	Membership dues and assessments				3		
	4	Investment inco	Investment income				4		
	5a		Gross amount from sale of assets other than inventory						
	ь		her basis and sales expenses	5b			0		
	c		rom sale of assets other than inventory (Subtract line 5b fro		5a)		5c		
	6	Gaming and fundraising events					-		
		_	i	6a					
	а		om gaming (attach Schedule G if greater than \$15,000)						
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the							
		sum of such gro	oss income and contributions exceeds \$15,000) 🥵 · ·	6b		31,9	58		
	С	Less: direct exp	enses from gaming and fundraising events	6c		2,2	31		
	d	Net income or (	loss) from gaming and fundraising events (add lines 6a and	6b and	d subtra	ct line 6c)	6d	29,727	
	7a	Gross sales of in	nventory, less returns and allowances	7a					
	b	Less: cost of go	ods sold	7b			0		
	С	Gross profit or (	loss) from sales of inventory (Subtract line 7b from line 7a)				7c		
	8	Other revenue (	describe in Schedule O) .				8	387	
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ 9	113,616	
	10	Grants and simi	lar amounts paid (list in Schedule O)				10	64,562	
	11	Benefits paid to	or for members				11		
SS	12	Salaries, other	compensation, and employee benefits				12		
ns(	13	Professional fee	s and other payments to independent contractors $\ . \ . \ .$				13	346	
Expenses	14	Occupancy, rent	t, utilities, and maintenance				14		
	15	Printing, publications, postage, and shipping				15	351		
	16	Other expenses	(describe in Schedule O)				16	20,953	
	17	Total expense	s. Add lines 10 through 16				▶ 17	86,212	
Net Assets	18	Excess or (defic	it) for the year (Subtract line 17 from line 9)				18	27,404	
	19	•	nd balances at beginning of year (from line 27, column (A))	(must	agree w	rith		<u> </u>	
			re reported on prior year's return)				19	60,462	
	20		n net assets or fund balances (explain in Schedule O)				20	, · · .	
	21	_	nd balances at end of year. Combine lines 18 through 20	-			21	87.866	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)