

Form **990EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

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.

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Public
Inspection

Department of the
Treasury
Internal Revenue
Service

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WELLS 4 WELLNESS INC		D Employer identification number 46-0651638
	Number and street (or P. O. box, if mail is not delivered to street address) PO BOX 233	Room/suite	E Telephone number (309) 764-9296
	City or town, state or province, country, and ZIP or foreign postal code MOLINE, IL 61266		F Group Exemption Number

G Accounting Method: Cash 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) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation 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 **\$ 120,393**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																	
Revenue	1	Contributions, gifts, grants, and similar amounts received														96,896																														
	2	Program service revenue including government fees and contracts																																												
	3	Membership dues and assessments																																												
	4	Investment income																																												
	5a	Gross amount from sale of assets other than inventory																																												
	b	Less: cost or other basis and sales expenses														0																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																												
	6	Gaming and fundraising events																																												
	a	Gross income from 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 gross income and contributions exceeds \$15,000)														23,497																														
c	Less: direct expenses from gaming and fundraising events														1,505																															
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														21,992																															
7a	Gross sales of inventory, less returns and allowances																																													
b	Less: cost of goods sold														0																															
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																													
8	Other revenue (describe in Schedule O)																																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														118,888																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)														100,620																														
	11	Benefits paid to or for members																																												
	12	Salaries, other compensation, and employee benefits																																												
	13	Professional fees and other payments to independent contractors														479																														
	14	Occupancy, rent, utilities, and maintenance																																												
	15	Printing, publications, postage, and shipping														439																														
	16	Other expenses (describe in Schedule O)														26,443																														
17	Total expenses. Add lines 10 through 16														127,981																															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-9,093																														
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														111,785																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														102,692																														