efile Public Visu		ublic Visu	al Render ObjectId: 202142089349200139 - Submission: 2021-07-27		TIN: 46-0651638			
			Short Form			OMB No. 1545-1150		
Form <b>990EZ</b>		<b>90EZ</b> Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four			K	2020		
					undations)	2020		
		nt of the	Do not enter social security numbers on this form as it may be made public.			Open to Public		
		evenue	Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information			Inspection		
			endar year, or tax year beginning 01-01-2020, and ending 12-31-2020					
B Check if applicable: C Name of organization Address change WELLS 4 WELLNESS INC					Employer i	dentification number		
<ul> <li>Name change</li> <li>Initial return</li> <li>Final return/terminated</li> <li>Amended return</li> </ul>			Number and street (or P. O. box, if mail is not delivered to street address) Room/suite		46-0651638			
			PO BOX 233		Telephone number			
			City or town, state or province, country, and ZIP or foreign postal code		(309) 236-1301			
Application pending			MOLINE, IL 61266	F	Group Exem			
G		ting Method	: S Cash ○ Accrual Other (specify)	H Check 🕨	0			
• ·	require					d to attach Schedule B 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								
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       I								
Revenue	1		ns, gifts, grants, and similar amounts received		1	166,364		
	2	Program se	ervice revenue including government fees and contracts		2			
	3	Membershi	p dues and assessments		3			
	4	Investment	t income		4	70		
	5a	Gross amou	unt from sale of assets other than inventory 5a					
	b	Less: cost o	or other basis and sales expenses 5b	0				
	с	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) $\ldots$		5c			
	6	Gaming and	d fundraising events					
	а	Gross incor	me from gaming (attach Schedule G if greater than \$15,000) <b>6a</b>					
	b		me from fundraising events (not including \$ of contributions gevents reported on line 1) (attach Schedule G if the	from				
		sum of sucl	h gross income and contributions exceeds \$15,000) 6b	0				
	с	Less: direct	t expenses from gaming and fundraising events 6c	0				
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	line 6c)	6d			
	7a		s of inventory, less returns and allowances		_			
	b		of goods sold	0	-			
	с		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8		nue (describe in Schedule O)		8	100 424		
	9	lotal reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	166,434		
ts Expenses	10	Grants and	similar amounts paid (list in Schedule O)		10	155,132		
	11	Benefits pa	id to or for members		11			
	12	Salaries, ot	ther compensation, and employee benefits		12			
	13	Professiona	al fees and other payments to independent contractors		13	365		
	14	Occupancy,	, rent, utilities, and maintenance		14			
	15	Printing, pu	ublications, postage, and shipping		15	467		
	16	Other expe	enses (describe in Schedule O)		16	14,191		
	17		enses. Add lines 10 through 16		17	170,155		
	18	•	deficit) for the year (Subtract line 17 from line 9)		18	-3,721		
Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit					
Net As	_		r figure reported on prior year's return)		19	83,826		
	20		iges in net assets or fund balances (explain in Schedule O)		20	301		
	21		or fund balances at end of year. Combine lines 18 through 20		21	80,406		
r01	rape	SI WOLK KEQ	uction Act Notice, see the separate instructions. Cat. No	o. 10642I		Form 990-EZ (2020)		