

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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
Number and street (or P. O. box, if mail is not delivered to street address): 1804 28TH AVENUE
City or town, state or province, country, and ZIP or foreign postal code: MOLINE, IL 61265

D Employer identification number

46-0651638

E Telephone number

(309) 764-9296

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 \$ 115,847

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 83,502, 113,616, 86,212, 27,404, 60,462, 87,866.