

United States Bankruptcy Court District of Colorado		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): The Wellness Center, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): 84-1574900		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 870 South Colorado Blvd., Suite 200 Glendale, CO		Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE 80246		ZIP CODE
County of Residence or of the Principal Place of Business: Arapahoe		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments, Rule 1006(b) See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): The Wellness Center, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: Sharon Hwang	Case Number: 09-26979-SBB	Date Filed: 8/18/09	
District: Colorado	Relationship: President	Judge: Sidney B. Brooks	
<p style="text-align:center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align:center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X Not Applicable</p> <p>Signature of Attorney for Debtor(s) _____ Date _____</p>		
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

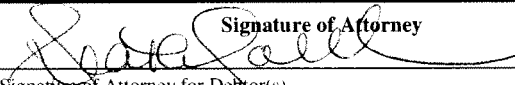
Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
The Wellness Center, Inc.

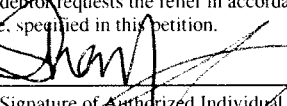
Signatures

Signature(s) of Debtor(s) (Individual/Joint)
I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 Not Applicable
Signature of Debtor
 Not Applicable
Signature of Joint Debtor
Telephone Number (If not represented by attorney)
Date

Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.
(Check only **one** box.)
 I request relief in accordance with chapter 15 of Title 11, United States Code. Certified Copies of the documents required by § 1515 of title 11 are attached.
 Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the Chapter of title 11 specified in the petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
 Not Applicable
(Signature of Foreign Representative)
(Printed Name of Foreign Representative)
Date

Signature of Attorney

Signature of Attorney for Debtor(s)
Heather E. Schell Bar No. 38931
Printed Name of Attorney for Debtor(s) / Bar No.
Kutner Miller Brinen, P.C.
Firm Name
303 E. 17th Ave., Suite 500
Address
Denver, CO 80203
303-832-2400 **303-832-1510**
Telephone and Fax Number
12/10/09
Date and E-Mail Address
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer
I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
 Not Applicable
Printed Name and title, if any, of Bankruptcy Petition Preparer
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Address

Signature of Debtor (Corporation/Partnership)
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 
Signature of Authorized Individual
Sharon Hwang
Printed Name of Authorized Individual
President
Title of Authorized Individual
DEC 10, 2009
Date

Not Applicable
Date
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.
If more than one person prepared this document, attach to the appropriate official form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

UNITED STATES BANKRUPTCY COURT
District of Colorado

IN RE

CASE NO. _____

The Wellness Center, Inc.

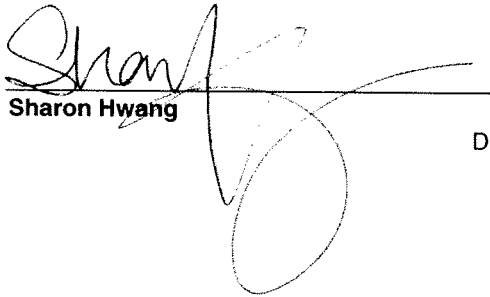
CHAPTER 11

DEBTOR(S)

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verifies that the attached matrix list of creditors is true and correct to the best of our knowledge.

Date: DEC 10, 2009


Sharon Hwang

Debtor

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

G Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
G See separate instructions.

2008

For calendar year 2008 or tax year beginning , 2008, ending

A S election effective date 3/01/2001	Use the IRS label. Otherwise, print or type. THE WELLNESS CENTER, INC. 870 S COLORADO BLVD SUITE 200 GLENDALE, CO 80246	D Employer identification number 84-1574900
B Business activity code number (see instrs) 621399		E Date incorporated 3/01/2001
C Check if Sch M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$ 139,222.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not previously filed

H Check if: (1) Final return (2) Name change (3) Address change
(4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **G 1**
Caution. Include *only* trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1a Gross receipts or sales	573,778.	b Less returns and allowances	4,710.	c Bal G	1c	569,068.
	2 Cost of goods sold (Schedule A, line 8)					2	279,384.
	3 Gross profit. Subtract line 2 from line 1c					3	289,684.
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					4	
	5 Other income (loss) (attach statement)					5	
	6 Total income (loss). Add lines 3 through 5					G 6	289,684.
D E D U C T I O N S	7 Compensation of officers					7	
	8 Salaries and wages (less employment credits)					8	107,967.
	9 Repairs and maintenance					9	430.
	10 Bad debts					10	
	11 Rents					11	47,266.
	12 Taxes and licenses					12	12,556.
	13 Interest					13	12,344.
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)					14	8,737.
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	
	17 Pension, profit-sharing, etc. plans					17	
S E E I N S T R S	18 Employee benefit programs					18	1,042.
	19 Other deductions (attach statement)			SEE STATEMENT 1		19	98,944.
	20 Total deductions. Add lines 7 through 19					G 20	289,286.
	21 Ordinary business income (loss). Subtract line 20 from line 6					21	398.
	T A X A N D P A Y M E N T S	22a Excess net passive income or LIFO recapture tax (see instructions)		22a			
b Tax from Schedule D (Form 1120S)			22b				
c Add lines 22a and 22b (see instructions for additional taxes)						22c	
23a 2008 estimated tax payments and 2007 overpayment credited to 2008			23a				
b Tax deposited with Form 7004			23b				
c Credit for federal tax paid on fuels (attach Form 4136)			23c				
d Add lines 23a through 23c						23d	
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached					G <input type="checkbox"/>	24	
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed						25	0.
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid						26	
27 Enter amount from line 26 Credited to 2009 estimated tax						27	Refunded

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

A _____ Date _____ A _____ Title _____

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature **A BILL CLINE CPA** Date _____ Check if self-employed Preparer's SSN or PTIN **P00082372**

Firm's name (or yours if self-employed), address, and ZIP code **CLINE & ASSOCIATES, LLC
3000 CENTER GREEN DRIVE STE. 200
BOULDER, CO 80301** EIN **20-0744263**

Phone no. **303-444-2855**

Schedule A Cost of Goods Sold (see instructions)			
1	Inventory at beginning of year	1	1,057.
2	Purchases	2	13,630.
3	Cost of labor	3	11,350.
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement) SEE STATEMENT 2	5	254,017.
6	Total. Add lines 1 through 5	6	280,054.
7	Inventory at end of year	7	670.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	279,384.

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) G

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) G

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d _____

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

Schedule B Other Information (see instructions)		Yes	No
1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) G _____		
2	See the instructions and enter the: a Business activity G WELLNESS METHODOLOGY b Product or service G SERVICE		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		X
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?		X
5	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. G <input type="checkbox"/>		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. G \$ _____		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
INCOME (LOSSES)	1 Ordinary business income (loss) (page 1, line 21)	1	398.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a		
b Collectibles (28%) gain (loss)	8b		
c Unrecaptured section 1250 gain (attach statement)	8c		
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions)	10		

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Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Contributions	12a	650.
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type G _____ (2) Amount G _____	12c (2)	
	d Other deductions (see instructions) Type G _____	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c	
	d Other rental real estate credits (see instrs) Type G _____	13d	
	e Other rental credits (see instrs) Type G _____	13e	
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type G _____	13g	
Foreign Transactions	14a Name of country or U.S. possession G _____		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): G <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	25.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties' gross income	15d	
	e Oil, gas, and geothermal properties' deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	64.
	d Property distributions	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14l	18	-252.

BAA

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Schedule L	Balance Sheets per Books		Beginning of tax year		End of tax year	
			(a)	(b)	(c)	(d)
Assets						
1	Cash			21,647.		3,633.
2a	Trade notes and accounts receivable	444.			376.	
	b Less allowance for bad debts		444.			376.
3	Inventories			1,057.		670.
4	U.S. government obligations					
5	Tax-exempt securities (see instructions)					
6	Other current assets (attach stmt)					
7	Loans to shareholders			61,345.		61,345.
8	Mortgage and real estate loans					
9	Other investments (attach statement)					
10a	Buildings and other depreciable assets	232,981.			233,293.	
	b Less accumulated depreciation	176,855.	56,126.		185,592.	47,701.
11a	Depletable assets					
	b Less accumulated depletion					
12	Land (net of any amortization)					
13a	Intangible assets (amortizable only)	34,769.			34,769.	
	b Less accumulated amortization	6,954.	27,815.		9,272.	25,497.
14	Other assets (attach stmt)					
15	Total assets			168,434.		139,222.
Liabilities and Shareholders' Equity						
16	Accounts payable			996.		
17	Mortgages, notes, bonds payable in less than 1 year					
18	Other current liabilities (attach stmt) SEE ST. 4			137,406.		115,536.
19	Loans from shareholders					
20	Mortgages, notes, bonds payable in 1 year or more					
21	Other liabilities (attach statement) SEE ST. 5			87,566.		54,984.
22	Capital stock			456.		456.
23	Additional paid-in capital			88,468.		113,756.
24	Retained earnings			-146,458.		-145,510.
25	Adjustments to shareholders' equity (att stmt)					
26	Less cost of treasury stock					
27	Total liabilities and shareholders' equity			168,434.		139,222.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more see instructions

1	Net income (loss) per books	948.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
				STATEMENT 6	1,264.
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 141 (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 141, not charged against book income this year (itemize):	
	a Depreciation \$		a	Depreciation \$	
	b Travel and entertainment \$ 64.				
		64.	7	Add lines 5 and 6	1,264.
4	Add lines 1 through 3	1,012.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	-252.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-74,699.	
2	Ordinary income from page 1, line 21	398.	
3	Other additions SEE STATEMENT 7	1,264.	
4	Loss from page 1, line 21		
5	Other reductions SEE STATEMENT 8	(714.)	
6	Combine lines 1 through 5	-73,751.	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	-73,751.	

671108

Schedule K-1
(Form 1120S)

2008

Final K-1 Amended K-1 OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

For calendar year 2008, or tax
year beginning _____, 2008
ending _____.

Shareholder's Share of Income, Deductions,
Credits, etc. G See page 2 of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
			398.
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	25.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	64.
12	Other deductions		
	A		650.
		17	Other information

Part I Information About the Corporation

A Corporation's employer identification number
84-1574900

B Corporation's name, address, city, state, and ZIP code
THE WELLNESS CENTER, INC.
870 S COLORADO BLVD SUITE 200
GLENDALE, CO 80246

C IRS Center where corporation filed return
OGDEN, UT

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
SHARON S HWANG
2559 S GAYLORD ST
DENVER, CO 80210

F Shareholder's percentage of stock ownership for tax year 100 %

FOR IRS USE ONLY

*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
	Report on	
Passive loss		See the Shareholder's Instructions
Passive income		Schedule E, line 28, column (g)
Nonpassive loss		Schedule E, line 28, column (h)
Nonpassive income		Schedule E, line 28, column (j)
2 Net rental real estate income (loss)		See the Shareholder's Instructions
3 Other net rental income (loss)		
Net income		Schedule E, line 28, column (g)
Net loss		See the Shareholder's Instructions
4 Interest income		Form 1040, line 8a
5a Ordinary dividends		Form 1040, line 9a
5b Qualified dividends		Form 1040, line 9b
6 Royalties		Schedule E, line 4
7 Net short-term capital gain (loss)		Schedule D, line 5, column (f)
8a Net long-term capital gain (loss)		Schedule D, line 12, column (f)
8b Collectibles (28%) gain (loss)		28% Rate Gain Worksheet, line 4 (Schedule D instructions)
8c Unrecaptured section 1250 gain		See the Shareholder's Instructions
9 Net section 1231 gain (loss)		See the Shareholder's Instructions
10 Other income (loss)		
Code		
A Other portfolio income (loss)		See the Shareholder's Instructions
B Involuntary conversions		See the Shareholder's Instructions
C Section 1256 contracts and straddles		Form 6781, line 1
D Mining exploration costs recapture		See Pub 535
E Other income (loss)		See the Shareholder's Instructions
11 Section 179 deduction		See the Shareholder's Instructions
12 Other deductions		
A Cash contributions (50%)		See the Shareholder's Instructions
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		Form 4952, line 1
I Deductions ' royalty income		Schedule E, line 18
J Section 59(e)(2) expenditures		See the Shareholder's Instructions
K Deductions ' portfolio (2% floor)		Schedule A, line 23
L Deductions ' portfolio (other)		Schedule A, line 28
M Preproductive period expenses		See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities		See Form 8582 instructions
O Reforestation expense deduction		See the Shareholder's Instructions
P Domestic production activities information		See Form 8903 instructions
Q Qualified production activities income		Form 8903, line 7
R Employer's Form W-2 wages		Form 8903, line 15
S Other deductions		See the Shareholder's Instructions
13 Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings		See the Shareholder's Instructions
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		Form 8586, line 11
D Low-income housing credit (other) from post-2007 buildings		Form 8586, line 11
E Qualified rehabilitation expenditures (rental real estate)		See the Shareholder's Instructions
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		Form 1040, line 68, box a
I Alcohol and cellulosic biofuel fuels credit		Form 6478, line 9
J Work opportunity credit		Form 5884, line 3
K Disabled access credit		See the Shareholder's Instructions
L Empowerment zone and renewal community employment credit		Form 8844, line 3
M Credit for increasing research activities		See the Shareholder's Instructions
N Credit for employer social security and Medicare taxes		Form 8846, line 5
O Backup withholding		Form 1040, line 62
P Other credits		See the Shareholder's Instructions
14 Foreign transactions		
A Name of country or U.S. possession		Form 1116, Part I
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		Form 1116, Part I
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		Form 1116, Part I
H Other		Form 1116, Part I
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive category		Form 1116, Part I
J General category		
K Other		
Other information		
L Total foreign taxes paid		Form 1116, Part II
M Total foreign taxes accrued		Form 1116, Part II
N Reduction in taxes available for credit		Form 1116, line 12
O Foreign trading gross receipts		Form 8873
P Extraterritorial income exclusion		Form 8873
Q Other foreign transactions		See the Shareholder's Instructions
15 Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		See the Shareholder's Instructions and the Instructions for Form 6251
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal ' gross income		
E Oil, gas, & geothermal ' deductions		
F Other AMT items		
16 Items affecting shareholder basis		
A Tax-exempt interest income		Form 1040, line 8b
B Other tax-exempt income		See the Shareholder's Instructions
C Nondeductible expenses		
D Property distributions		
E Repayment of loans from shareholders		
17 Other information		
A Investment income		Form 4952, line 4a
B Investment expenses		Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)		See the Shareholder's Instructions
D Basis of energy property		See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))		Form 8611, line 8
F Recapture of low-income housing credit (other)		Form 8611, line 8
G Recapture of investment credit		See Form 4255
H Recapture of other credits		See the Shareholder's Instructions
I Look-back interest ' completed long-term contracts		See Form 8697
J Look-back interest ' income forecast method		See Form 8866
K Dispositions of property with section 179 deductions		See the Shareholder's Instructions
L Recapture of section 179 deduction		
M Section 453(i)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information ' oil and gas		
S Amortization of reforestation costs		
T Other information		

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

G See separate instructions. G Attach to your tax return.

2008

Attachment
Sequence No. **67**

Name(s) shown on return

THE WELLNESS CENTER, INC.

Identifying number

84-1574900

Business or activity to which this form relates

FORM 1120S

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs.)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	156.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	8,552.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		121.	5	HY	200DB	24.
c 7-year property		35.	7	HY	200DB	5.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	8,737.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year				43	2,318.
44 Total. Add amounts in column (f). See the instructions for where to report				44	2,318.

2008

FEDERAL STATEMENTS

PAGE 1

THE WELLNESS CENTER, INC.

84-1574900

STATEMENT 1
FORM 1120S, LINE 19
OTHER DEDUCTIONS

AMORTIZATION	\$	2,318.
AUTO AND TRUCK EXPENSE		3,910.
BANK CHARGES		1,458.
CLEANING		1,313.
COMPUTER RELATED EXPENSES		2,946.
DUES AND SUBSCRIPTIONS		177.
INCENTIVES		1,017.
INSURANCE		2,492.
MARKETING		44,599.
MEALS AND ENTERTAINMENT EXPENSE		64.
MEMBERSHIPS		41.
MERCHANT FEES		11,132.
MISCELLANEOUS		1,071.
ON-SITE CHARGES		192.
OTHER PAYROLL RELATED		533.
OUTSIDE SERVICES		838.
PARKING AND TOLLS		24.
POSTAGE		1,594.
PROFESSIONAL DEVELOPMENT		728.
PROFESSIONAL FEES		4,445.
STAFF DEVELOPMENT		1,903.
SUPPLIES		6,397.
TELEPHONE		5,680.
WELLNESS BENEFITS		4,072.
TOTAL	\$	<u>98,944.</u>

STATEMENT 2
FORM 1120S, SCHEDULE A, LINE 5
OTHER COSTS

CONTRACT LABOR	\$	237,773.
PAYROLL TAXES		1,597.
SUPPLIES		14,647.
TOTAL	\$	<u>254,017.</u>

STATEMENT 3
FORM 1120S, SCHEDULE K, LINE 12A
CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS - 50% LIMITATION	\$	650.
TOTAL	\$	<u>650.</u>

2008

FEDERAL STATEMENTS

PAGE 2

THE WELLNESS CENTER, INC.

84-1574900

STATEMENT 4
FORM 1120S, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED INCOME.....	\$ 50,915.	\$ 37,813.
KEY BANK RESERVE.....	23,373.	17,746.
SALES TAX.....	697.	463.
WELLS FARGO LOC.....	62,421.	59,514.
TOTAL	<u>\$ 137,406.</u>	<u>\$ 115,536.</u>

STATEMENT 5
FORM 1120S, SCHEDULE L, LINE 21
OTHER LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
EXPANSION LOAN.....	\$ 72,889.	\$ 46,735.
KEY EQUIPMENT FINANCE.....	10,814.	5,582.
LEASE PAYABLE.....	3,863.	2,667.
TOTAL	<u>\$ 87,566.</u>	<u>\$ 54,984.</u>

STATEMENT 6
FORM 1120S, SCHEDULE M-1, LINE 5
INCOME ON BOOKS NOT ON SCHEDULE K

ACCRUAL TO CASH ADJUSTMENT.....	\$ 1,264.
TOTAL	<u>\$ 1,264.</u>

STATEMENT 7
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 3
OTHER ADDITIONS

CASH \ ACCRUAL.....	\$ 1,264.
TOTAL	<u>\$ 1,264.</u>

STATEMENT 8
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5
OTHER REDUCTIONS

CONTRIBUTIONS.....	\$ 650.
DISALLOWED MEALS AND ENTERTAINMENT.....	64.
TOTAL	<u>\$ 714.</u>

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Departmental Use Only

(43) 2008 FORM 106
COLORADO STATE PARTNERSHIP OR
S CORPORATION RETURN OF INCOME
AND COMPOSITE NONRESIDENT
INCOME TAX RETURN

Check here if this is an amended return

For calendar year 2008
 or other tax year beginning _____, 2008, ending _____, _____.

Name of Organization THE WELLNESS CENTER, INC.	Colorado Account Number ?
Doing Business As	
Address 870 S COLORADO BLVD SUITE 200	Federal Employer ID Number ?
City State ZIP Code GLENDALE, CO 80246	? 84-1574900
A This return is being filed for (check one): <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> S CORPORATION B Give beginning depreciable assets from federal return ? \$ <u>232,981.</u> C Give ending depreciable assets from federal return ? \$ <u>233,293.</u> D Business or profession <u>WELLNESS METHODOLOGY</u> E Date of organization or incorporation <u>3/01/2001</u> F Is this a final return? ? <input type="checkbox"/> YES; <input checked="" type="checkbox"/> NO G Has the I.R.S. made any adjustments to your federal return or have you filed amended federal returns during the last four years? <input type="checkbox"/> YES; <input checked="" type="checkbox"/> NO. Explain if yes. H Number of partners or shareholders as of year end <u>1</u>	
Mail this return to: Colorado Department of Revenue Denver CO 80261-0006	

PART I: COMPUTATION OF COLORADO INCOME		ROUND ALL AMOUNTS TO THE NEAREST DOLLAR
1 Ordinary income from line 1 federal Schedule K	1	398.00
2 Total of all other income	2	00
3 Modifications increasing federal income	3	00
4 Total of lines 1, 2 and 3	4	398.00
5 Allowable deductions from federal Schedule K	5	00
6 Modifications decreasing federal income	6	00
7 Total of lines 5 and 6	7	00
8 Line 4 minus line 7	?	398.00
9 Colorado source income from (check one): <input type="checkbox"/> Part IV; <input type="checkbox"/> Part V; <input type="checkbox"/> Other (attach explanation); or <input checked="" type="checkbox"/> Income is all Colorado income	?	398.00

PART II: COMPOSITE NONRESIDENT INCOME TAX RETURN ' DO NOT COMPLETE LINES 10 THROUGH 23		UNLESS YOU ARE FILING A COMPOSITE NONRESIDENT RETURN ' COSZ0101L 10/08/08
10 Colorado source income of nonresident partners or shareholders electing to be included in this composite filing	?	10 00
11 Tax; 4.63% of the amount on line 10	X	11 00
12 106CR credits allocated to these partners/shareholders (exclude credit from line 13)	?	12 00
13 Gross conservation easement credit allocated to these partners/shareholders	?	13 00
14 Total of lines 12 and 13	14	00
15 Net tax, line 11 minus line 14	15	00
16 Prepayment credits	?	16 00
17 Penalty, also include on line 20 if applicable	?	17 00
18 Interest, also include on line 20 if applicable	?	18 00
19 Estimated tax penalty, also include on line 20 if applicable	?	19 00
20 If amount on line 15 exceeds amount on line 16, enter amount owed	?	20 00
21 Overpayment, line 16 minus line 15	21	00
22 Overpayment to be credited to estimated tax	?	22 00
23 Overpayment to be refunded	?	23 00

I declare this return to be true, correct and complete under penalty of perjury in the second degree. Declaration of preparer is based on all information of which preparer has any knowledge.

(Signature of partner or signature and title of officer)	(Date)	CLINE & ASSOCIATES, LLC 3000 CENTER GREEN DRIVE STE. 200 BOULDER, CO 80301 303-444-2855
		(Name and telephone number of person or firm preparing return) (Date)

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

1030

THE WELLNESS CENTER, INC.

Form 106

Do not send federal K-1 schedules.

Page 2

PART III: IDENTIFICATION OF PARTNERS OR SHAREHOLDERS

This Part III must be completed including information on all partners or shareholders, or a computer printout in the same format must be attached to the return. Do not attach federal K-1 schedules.

NAMES AND ADDRESSES OF PARTNERS OR SHAREHOLDERS	Social Security Number or Colorado Account Number	Profit/Loss or Stock Ownership Percentage	Check the election made by each nonresident
SHARON S HWANG 2559 S GAYLORD ST DENVER, CO 80210		100.000000 %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed
----- ----- -----	-----	----- %	<input type="checkbox"/> Composite <input type="checkbox"/> 0107 Attached <input type="checkbox"/> 0108 Filed

If there are more than 16 partners or shareholders, photocopy and attach additional copies of this page as needed.

3:32 PM
12/10/09
Accrual Basis

The Wellness Center
Balance Sheet
As of December 1, 2009

	<u>Dec 1, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
1st Bank Checking	11,927.79
Petty Cash	244.51
Tips Petty Cash	35.00
Total Checking/Savings	<u>12,207.30</u>
Accounts Receivable	
Accounts Receivable	700.70
Total Accounts Receivable	<u>700.70</u>
Other Current Assets	
Owner Loan Rec.	61,345.00
Inventory Asset	670.41
Total Other Current Assets	<u>62,015.41</u>
Total Current Assets	74,923.41
Fixed Assets	
Goodwill	
Goodwill	66,299.71
Equipment	
Expansion Build Out	
Architecture Fees	10,043.60
Expansion Build Out - Other	151,743.48
Total Expansion Build Out	<u>161,787.08</u>
Property and Equipment	
Furniture and Fixtures	58,887.94
Kiosk	3,830.26
Property and Equipment - Other	6,288.29
Total Property and Equipment	<u>69,006.49</u>
Accumulated Amortization	-11,203.70
Accumulated Depreciation	<u>-192,783.28</u>
Total Fixed Assets	<u>96,551.57</u>
TOTAL ASSETS	<u><u>171,474.98</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	19.95
Total Accounts Payable	<u>19.95</u>
Other Current Liabilities	
Deferred Income	
Gift Certificate Sale	43,552.38
Wellness Packages	-156.51
Deferred Income - Other	128.00
Total Deferred Income	<u>43,523.87</u>
Total Other Current Liabilities	<u>43,523.87</u>
Total Current Liabilities	43,543.82

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Accrual Basis

The Wellness Center
Balance Sheet
As of December 1, 2009

	<u>Dec 1, 09</u>
Long Term Liabilities	
Kelman Note	9,800.00
Gaido Note	22,451.05
Operating Expenses Loan (Hwang)	10,000.00
Expansion Loan (Hwang)	27,312.35
Key Bank LOC	15,878.41
Wells Fargo LOC	38,476.55
Chase LOC	104,221.23
Vectra Bank LOC	50,113.70
Lease Payable	1,382.03
Total Long Term Liabilities	<u>279,635.32</u>
Total Liabilities	323,179.14
Equity	
Shareholder Contribution - Shar	-9,800.00
Common Stock	455.50
Retained Earnings	-145,354.61
Net Income	2,994.95
Total Equity	<u>-151,704.16</u>
TOTAL LIABILITIES & EQUITY	<u><u>171,474.98</u></u>

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Accrual Basis

The Wellness Center
Profit & Loss
January 1 through December 1, 2009

	<u>Jan 1 - Dec 1, 09</u>
Ordinary Income/Expense	
Income	
Patient Fees	351,582.18
Member Patient Fees	150,033.99
Supplements/Herbs	86,524.86
Contractor Tips Collected	40,246.18
Isagenix Cleansing Income	6,760.11
Chair Massage	5,002.22
Shipping charges	569.62
Retail Sales	157.88
Discounts	-354.00
Modality Packages	-515.00
Miscellaneous Retail Income	126.52
Total Income	<u>640,134.56</u>
Cost of Goods Sold	
Contract Labor	246,833.45
Supplements/ Herbs	65,634.13
Tips Paid to Contractor	42,241.60
Practitioner Supplies	13,747.84
Isagenix Products	2,912.07
Sales Tax Adjustment	1,775.12
Blood Draw Fees	893.31
Cholesterol Tests	278.67
Cost of Goods Sold	260.01
Aromatherapy Products	76.60
Bad Debts	0.00
Chiropractic Supplements	0.00
Total COGS	<u>374,652.80</u>
Gross Profit	265,481.76
Expense	
Officer Compensation	34,156.86
Amortization Expense	1,931.70
Bank Service Charges	1,595.93
Cash Short/Over	-103.72
Computer Software and Support	3,759.87
Credit Card Service Charge	11,660.36
Depreciation Expense	7,191.28
Donations	875.00
Dues and Subscriptions	85.92
Gifts	193.50
Incentives	402.00
Insurance	7,167.03
Interest Expense	11,992.92
Licenses and Permits	1,235.00
Marketing	30,387.76
Membership Expenses	30.00
Office Supplies	5,125.86
Outside Services	-339.16
Parking	-7.25
Payroll Expenses	65,165.68
Postage and Delivery	1,916.62
Professional Development	3,949.25
Professional Fees	10,247.30
Rent	48,814.71
Repairs	160.00
Staff Development	1,433.11
Suspense	599.48
Supplies	249.27
Taxes	3,589.89
Telephone	6,190.17
Travel & Ent	1,614.42

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 Accrual Basis

The Wellness Center
Profit & Loss
 January 1 through December 1, 2009

	Jan 1 - Dec 1, 09
Water	331.44
Wellness Benefits	3,568.16
Total Expense	265,170.36
Net Ordinary Income	311.40
Other Income/Expense	
Other Income	
Other Income	2,744.55
Total Other Income	2,744.55
Other Expense	
Bounced Checks	51.00
Other Expenses	10.00
Total Other Expense	61.00
Net Other Income	2,683.55
Net Income	2,994.95

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The Wellness Center
Statement of Cash Flows
 January 1 through December 1, 2009

	Jan 1 - Dec 1, 09
OPERATING ACTIVITIES	
Net Income	2,994.95
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Receivable	-323.90
Accounts Payable	19.95
Sales Tax Payable	-463.32
Deferred Income	128.00
Deferred Income:Trade Gift Certificate	1,173.50
Deferred Income:Gift Certificate Sale	7,226.22
Deferred Income:Wellness Packages	-2,816.40
Net cash provided by Operating Activities	7,939.00
INVESTING ACTIVITIES	
Goodwill	-9,079.66
Property and Equipment	-945.60
Accumulated Amortization	1,931.70
Accumulated Depreciation	7,191.28
Net cash provided by Investing Activities	-902.28
FINANCING ACTIVITIES	
Operating Expenses Loan (Hwang)	10,000.00
Expansion Loan (Hwang)	-19,422.71
Key Bank LOC	-1,868.05
Wells Fargo LOC	-21,037.36
Chase LOC	104,221.23
Vectra Bank LOC	50,113.70
Lease Payable	-1,284.77
Key Equipment Finance	-5,581.73
APIC	-113,756.00
Net cash provided by Financing Activities	1,384.31
Net cash increase for period	8,421.03
Cash at beginning of period	3,786.27
Cash at end of period	12,207.30