Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Dep	artment of	the Treasury	Go to www.irs.gov/Forms					Inspection
A	THE RESERVE AND PERSONS NAMED IN	The second second	endar year, or tax year beginning		, and e	Name and Administration of the Owner, where the Owner, which is the Owner, which i		
В	Check if	applicable:	C Name of organization Wellspring Comm	nittee Inc.		D Employe	r Identificati	on number
X	Address	change	Doing business as					
П	Name ch	ange	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	26-204648	5	***
Η		•	3220 N Street NW		131	E Telephon	e number	
Ш	Initial ret	um	City or town	State	ZIP code	(561) 563-3	3547	
X	Final return	n/terminated	Washington	DC	20007			
\Box	Amende	d return	Foreign country name Foreign pro-	vince/state/county	Foreign postal	G Gross red	ceipts \$	2,303,562
$\overline{\Box}$	Applicati	on pending	F Name and address of principal officer:					
Ш	Application	on penaing		4 Markinston DO 6	0007	H(a) Is this a group return		
_			Neil Corkery 3220 N Street NW, Ste. 13			H(b) Are all subordinat		Yes No
_		npt status:	501(c)(3) X 501(c) (4) ◀ (in	sert no.) 4947(a)(1)	or 527	If "No," attach a fi	100 00 100 000 000 000 000 000 000 000 	ctions)
15.01.0		e: ► N/A				H(c) Group exemption	number >	
Constitution of the last	a Street or Land	rganization:	X Corporation Trust Association	Other >	LYea	r of formation: 2008	M State	of legal domicile: VA
ŀ	art I		nmary	~				And the state of t
0	1	Briefly d	escribe the organization's mission or mo	st significant activities	: The	Organization's miss	sion is to a	dvance
Activities & Governance		limited g	overnment and free markets.					
Ĕ								
9,0	2	Check th	is box ▶ X if the organization discon	tinued its operations	or disposed	of more than 25%	of its net a	ssets.
Ŏ	3	Number	of voting members of the governing bod	y (Part VI, line 1a).			3	1
80	4	Number	of independent voting members of the g	overning body (Part \	/I, line 1b).		4	0
itte	5	Total nu	nber of individuals employed in calendar	year 2018 (Part V, li	ne 2a) . .		5	2
÷	6	Total nu	nber of volunteers (estimate if necessar	y)			6	0
A	7a	Total uni	elated business revenue from Part VIII,	column (C), line 12.	a a acaca		7a	0
	b	Net unre	lated business taxable income from Form	n 990-T, line 38			7b	0
						Prior Year		Current Year
0	8	Contribu	tions and grants (Part VIII, line 1h)			16,650	0,000	2,300,000
Revenue	9	Program	service revenue (Part VIII, line 2g)		0	0		
eVe	10	Investme	ent income (Part VIII, column (A), lines 3		162	3,562		
œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d,	***************************************	0	0		
	12	Total reve	nue-add lines 8 through 11 (must equal F	art VIII, column (A), lin	e 12).	16,650	0.162	2,303,562
	13	Grants a	nd similar amounts paid (Part IX, column	(A), lines 1-3)		15,612		1,649,700
	14	Benefits	paid to or for members (Part IX, column	(A), line 4)		10,01	0	0
S	15	Salaries,	other compensation, employee benefits (Pa	ert IX. column (A), lines	5-10)	230	0,469	250,575
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)	,	200	0	0
be	b	Total fun	draising expenses (Part IX, column (D),	line 25) ▶	o		Oryace I or a	
m	17	Other ex	penses (Part IX, column (A), lines 11a-1	1d. 11f-24e)		1.813	2,818	629,458
	18	Total exp	enses. Add lines 13-17 (must equal Pa	t IX. column (A), line	25)	17,656		2,529,733
	19	Revenue	less expenses. Subtract line 18 from lin	e 12		-1,006		-226,171
00.00						Beginning of Current		End of Year
sets or	20	Total ass	ets (Part X, line 16)			The state of the s	6,171	0
t As	21		ilities (Part X, line 26)				0	0
Net Ass Fund Bal	22		ts or fund balances. Subtract line 21 from			226	3,171	0
	rt II		nature Block				477.11	
Und	er penalti	es of perjury	I declare that I have examined this return, including	accompanying schedules a	ind statements.	and to the best of my kn	owledge	
and	belief, it is	s true, correc	t, and complete. Declaration of preparer (other than	officer) is based on all infor	mation of which	preparer has any knowl	edge.	
Sig			11. H. / Jah				11-	1-19
He			Signature of officer	12 0	,	Date		
			IVEII COME	4- (1	91-m	30		
			Type or print name and title	J			Marine	
-	A 555	Print		parer's signature	_	Date		PTIN
Pai		TP	ymond Conlon	-Raymond (onlon	75. Tale 100 Contract	heck if	D04400000
	parer			-			elf-employed	P01486002
Us	e Only	/	name Conlon and Associates LLC			Firm's EIN ▶		
		Firm'	address ▶ P.O. Box 6213, Silver Spring,	MD 20916-6213		Phone no.	(301) 509	-4220
May	the IR	S discuss	this return with the preparer shown abo	ve? (see instructions				Yes X No
-	_				OF MARKET HE REAL PROPERTY.			The state of the s

			00 00 10 10 5	
100000	90 (2018) rt III	Wellspring Committee Inc. Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	26-2046485	Page 2
1		escribe the organization's mission: anization's mission is to advance limited government and free markets.		
2	the prior	organization undertake any significant program services during the year which were not Form 990 or 990-EZ?	listed on Yes	X No
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any programmers. 7	gram Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest program. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of greexpenses, and revenue, if any, for each program service reported.		
4a	During 2 foster th) (Expenses \$ 2,417,487 including grants of \$ 1,649,700 018 the organization identified, funded, and supported activities and organizations that advancement of free markets and limited constitutional government. The Organization operations in 2018.	1	
4b	(Codo:	\/Evappee \$	V/P	
+10	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\
			.) (Nevenue φ	/
1d		gram services. (Describe in Schedule O.)		
	(Expense	s \$ 0 including grants of \$ 0) (Revenue \$	0)	

2,417,487

4e Total program service expenses

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Г		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Χ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			120
40	negotiation services? If "Yes," complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		23	1910
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			-
а	Schedule D, Part VI	110		~
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C		110		^
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			20
	fundraising, business, investment, and program service activities outside the United States, or aggregate	Mark 2011		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	290665		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		_X_
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	35		201
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		_X_
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
140 V/C	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	10		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts Land II.	24	v	

Pari	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization milest any proceeds of tax-exempt bonds beyond a temporary period exception	210		
C	to defease any tax-exempt bonds?	24c		
- 21	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
		20a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		\ _\
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	Hell	1000	Tille
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-	(Alleria)	~
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	201-		\ _
_		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		\ \
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			\ _V
24		30	· ·	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Χ	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
22		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.			
24		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	2.4		V
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		X
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	acc		
•	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
20		31		_^_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			
Par		38	Χ	
rai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		i	
	Check in Schedule C contains a response of flote to any life in this Part V			Щ.
10	Enter the number reported in Box 3 of Form 1000 Fates 0 Known and Fate 1		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3 49		PINE.
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	199		
U	gaming (gambling) winnings to prize winners?	4-	X	17/4
		1c	^	

Form 9	90 (2018) Wellspring Committee Inc.	6-2046485	F	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2	and the same areas in the		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2	V	1000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	. 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	-	 	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	74	a de la composição de l	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		LOS TO	Marie .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			S III VS
	and services provided to the payor?			_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		_
C	required to file Form 8282?	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	. 7c		THOUSE
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e	1000	6753334
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		POINTS	33139
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		10.34	100
a	Initiation fees and capital contributions included on Part VIII, line 12	200		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1999	100	200
а	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	1997	100	THE REAL PROPERTY.
b	Gross income from members or shareholders	- 611	200	
-	against amounts due or received from them.)	337 6		Billian
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	(Armitis)	1000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		2010	THE TAXABLE
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100.4		
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	M	17.00	DOM:
b	Enter the amount of reserves the organization is required to maintain by the states in which	17.75		
	the organization is licensed to issue qualified health plans	1181		198
C 140	Enter the amount of reserves on hand		26/2/19	
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1000
	excess parachute payment(s) during the year	. 15		Χ
40	If "Yes," see instructions and file Form 4720, Schedule N.			Mary S.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
	If "Yes," complete Form 4720, Schedule O.	(C) (C) (C) (C)	(Watter)	

of the local division in	- Trans	-	-
Pa	rt V	/	

Sec	tion A. Governing Body and Management			Γ
12	Enter the number of voting members of the governing body at the end of the tax year 1a 1		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or		198	8 100
	if the governing body delegated broad authority to an executive committee or similar		650	1000
	committee, explain in Schedule O.		3073	
h			800	100
b	of the state of th		372	48
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		May 1	633
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	one or more members of the governing body?	7a		Х
b				
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.0		^
	the year by the following:			
а	The governing body?	0.0	Х	1000
b	Each committee with authority to act on behalf of the governing body?	8a		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	Χ	
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			.,
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	9		X
	and by the decitor brequests information about policies not required by the internal Revenue Co	oae.		NI.
10a	Did the organization have local chapters, branches, or affiliates?	400	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X
	affiliates and branches to ensure their ensure their			
11a	Has the organization provided a computate account this E con	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest action to review this Form 990.	100		N. S.
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this was done.	12c	X	
14	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	Sens.		
- 2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a	X	
D	Other officers or key employees of the organization .	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	700	-1700	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1200		25 K
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	15.18	lon Ti	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1500		
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disciosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50	1(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	1	
00	mancial statements available to the public during the tax year.	10		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Neil Corkery (561) 563-3547			
	3220 N Street NW, Ste. 131, Washington, DC 20007			

Part VII	Wellspring Committee Inc.			17	_			_		26-2046	485 Page 7
Part VII	Compensation of Officers, Dir Employees, and Independent	ectors, Truste	es,	Key	y Ei	mpl	loyee	es,	Highest Com	pensated	
	Check if Schedule O contains a	response or no	ote to	o ar	ny li	ne	in thi	s P	art VII		
Section A.	Officers, Directors, Trustees, Key I										
1a Complete to organization's	his table for all persons required to be									with or within the)
	of the organization's current officers, o	firectors trustees	e (wh	oth	or in	divi	duale	05.	organizations) re		
of compensati	on. Enter -0- in columns (D), (E), and	(F) if no compens	satio	n wa	as p	aid.					ount
• List all o	of the organization's current key emplo	oyees, if any. Se	e ins	truc	tion	s for	r defir	nitio	n of "key employ	ee."	
who received i	organization's five current highest col reportable compensation (Box 5 of Fol and any related organizations.	mpensated empl rm W-2 and/or B	oyee ox 7	s (o of F	orm	109	n an 99-MI	SC)	er, director, trus of more than \$1	tee, or key emple 00,000 from the	oyee)
 List all c 	of the organization's former officers, ke portable compensation from the organ	ey employees, and any	nd hi	ghe:	st co	omp niza	ensat	ed (employees who	received more th	an
• List all c	of the organization's former directors	or trustees that	rece	ived	l, in	the	capa	city	as a former direc	ctor or trustee of	the
list persons in	nore than \$10,000 of reportable comp the following order: individual trustee:	ensation from the	e org	aniz	zatio	n ai	nd an	y re	lated organizatio	ons.	
compensated	employees; and former such persons.	s of directors, ins	stituti	ona	trus	stee	es; off	cer	s; key employee	s; highest	
Check this	box if neither the organization nor an	y related organiz	ation	1 coi	mpe	ensa	ited a	ny c	current officer, di	rector, or trustee	
					(C)					
	(A)	(B)	(do	not c		sition more	e than	one	(D)	(E)	(F)
	Name and Title	Average hours per				direct	is both	ee)	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any hours for	or d	Inst	Officer	Key	emp	Former	from the	from related organizations	other compensation
		related organizations	Individual trustee or director	Institutional trustee	ļά	emp	est c	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	trust	al tru		oyee	ompe				and related organizations
			8	stee			Highest compensated employee				organizations
(1) Neil Cor	kerv	10.00		-	┝		ă				
President		0.00	X		X				36,000	0	0
(2)											
(3)				-	┝						
(4)											
_(5)											
(6)											
(7)											
(8)											
(9)											-
(10)											
(11)											
(12)											
(13)											

Part	t VII	Section A. Off	icers, Directors, Tru	ıstees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	ployees (contin	ued)	
(A) Name and title				(B) (do not chec Average box, unless p hours per officer and a				rson	is both	n an Reportable compensation		(E) Reportable compensation from related	(F) Estima amoun othe	ited it of
				hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from t organiza and rela organiza	sation he ation ated
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
											36,000	0		0
			sheets to Part VII, So c).								36,000	0		0
2 T	otal num	ber of individuals	s (including but not lin	mited to those lis	sted a	bov	re) v	vho	rece	ived				- 0
			rom the organization				0							
			y former officer, dire					e, c	r hig	hes	t compensated		Yes	s No
			es," complete Sched									x 00 x x x	3	X
			i line 1a, is the sum o ed organizations grea									h		105
													4	X
5 D	oid any pe	erson listed on lir	ne 1a receive or accr e organization? <i>If "Ye</i>	ue compensatio	n fror	n ar	ny u	nrel	ated	org	anization or indiv	ridual		V
Sectio	n B. Ind	ependent Contra	actors	os, compicie oc	noau	110 0	101	340	προι	301	<i>.</i>	* * * * * *	5	X
С	Complete compensa ear.	this table for you ation from the org	ır five highest compe ganization. Report co	nsated independ mpensation for t	dent o	cont	ract dar	ors yea	that i	rece	eived more than s with or within the	\$100,000 of e organization's t	ax	
			(A) Name and business addr	ess							(B) Description of sen	vices C	(C) compensatio	n
Creativ	e Respo	nce Concepts	2760 Eisenhow	er Ave, 4th Floo	r Alex	cano	Iria,	VA	2231	Pu	blic Relations		16	55,000
-								_			·			0
														0
	100 4													0
			ent contractors (incluence) inpensation from the		ted to	tho	se l	iste	d abo	ove)	who received			

		-
Part VIII	Statement of Revenue	

		Check if Schedule O contains a response or note to any line in	this Part VIII		* * * * *	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
S, G	С	Fundraising events				RESERVE SOLVE
ar A	d	Related organizations				T. P. Marie
imil imil	е	Government grants (contributions) 1e 0				
tlor er S	f	All other contributions, gifts, grants, and				
		similar amounts not included above 1f 2,300,000				
onti	g	Noncash contributions included in lines 1a–1f: \$ 0				
O E	h	Total. Add lines 1a–1f	2,300,000			
0		Business Code				
eun	2a		0			
Rev	b		0			
ce	С		0			
ē	d		0			
E	e		0			
Program Service Revenue	f	All other program service revenue	0			
Pro	q	Total. Add lines 2a–2f ▶	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts) ,	3,562			3,562
	4	Income from investment of tax-exempt bond proceeds	0			0,002
	5		0			
	-	Royalties				
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other	0			
	/ a	assets other than inventory 0 0				
	b	Less: cost or other basis				
	"	and sales expenses 0				
	С	Gain or (loss)				
	d	Net gain or (loss)	0			
	u	Net gailt of (loss).	U U			
ē	8a	Gross income from fundraising	Filmed to Page 1			
ĭ		events (not including \$0				
e		of contributions reported on line 1c).				
E.		See Part IV, line 18				
Other Revenue	b	Less: direct expenses b				
ŏ	c	Net income or (loss) from fundraising events	0			
	E-1	Gross income from gaming activities.				
	Ju	See Part IV, line 19				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less	- U			
	ıoa	returns and allowances a				
	b	Less: cost of goods sold b				THE RESERVE
		Net income or (loss) from sales of inventory	0	The second second second		
		Miscellaneous Revenue Business Code	U			
	11a		0			
	b		0			
	c	,	0			
	d	All other revenue	0			
	e	Total. Add lines 11a–11d	0			Contract to the last
	12	Total revenue. See instructions				0.500
_	14	Total Teveride, Oce mondonons.	2,303,562	0	0	3,562

	Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	1,649,700	1,649,700		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			A STATE OF STREET
5	Compensation of current officers, directors,				
	trustees, and key employees	36,000	32,040	3,960	0
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	200,000	186,140	13,860	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	14,575	12,662	1,913	0
11	Fees for services (non-employees):	11,070	12,002	1,010	0
а	Management	0			
b	Legal	46,731	0	46.731	0
C	Accounting	12,750	0	12,750	0
d	Lobbying	0	0	12,700	0
e	Professional fundraising services. See Part IV, line 17	0	ENG PAUL PROPERTY OF		
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			
3	(A) amount, list line 11g expenses on Schedule O.)	426,098	396,038	30,060	0
12	Advertising and promotion	0	000,000	30,000	
13	Office expenses	9,072	6,100	2,972	0
14	Information technology	0	0,100	2,072	0
15	Royalties	0			
16	Occupancy	0			
17	Travel	100,030	100,030	0	0
18	Payments of travel or entertainment expenses	100,000	100,000	- 0	0
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0	-	-	U
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		13 Page 15 15 15 15 15 15 15 15 15 15 15 15 15		
	(A) amount, list line 24e expenses on Schedule O.)				
а	Distribution of assets	34,777	34,777		
b		0	0 1,111		
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	2,529,733	2,417,487	112,246	0
26	Joint costs. Complete this line only if the				0
	organization reported in column (B) joint costs				
	from a combined educational campaign and	ı			
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)			1	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .	* * * * * * * * * * *	3 30	e e e estada e e
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,002	1	0
	2	Savings and temporary cash investments	102,169	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
Assets		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		11111	
		organizations (see instructions). Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	115,000	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	226,171	16	0
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
a	value.	disqualified persons. Complete Part II of Schedule L	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	226,171	27	0
Sal	28	Temporarily restricted net assets	0	28	0
ō	29	Permanently restricted net assets	0	29	0
Ë				20	
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	0	30	0
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
et	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
Z	33	Total net assets or fund balances	226,171	33	0
	34	Total liabilities and net assets/fund balances	226,171	34	0

orm 9	90 (2018) Wellspring Committee Inc. 26-204	3485	Pag	e 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		2,303	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,529	,733
3	Revenue less expenses. Subtract line 2 from line 1		-226	,171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		226	,171
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			. rom
	column (B))			0
Part	XII Financial Statements and Reporting		г	\neg
	Check if Schedule O contains a response or note to any line in this Part XII	90 2	.	
1	Accounting method used to prepare the Form 990:		Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1000	183
	Schedule O.	1000	981	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1000		
	reviewed on a separate basis, consolidated basis, or both:	1,386	100	
	Separate basis Consolidated basis Both consolidated and separate basis		100X	
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:	175	1318	
	Separate basis Consolidated basis Both consolidated and separate basis		000	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	1591113	1100	SISTA
	Schedule O.			128
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
vu	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2018)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Wellspring Committee Inc.

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

26-2046485

Organi	zation type (check one)					
Filers	of:	Section:				
Form 9	90 or 990-EZ	X 501(c)(4) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 9	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check	if your organization is co	vered by the General Rule or a Special Rule.				
Note: 0	Only a section 501(c)(7),					
Genera	l Rule					
X						
Specia	Rules					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation eck if your organization is covered by the General Rule or a Special Rule . See: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See tructions. Interior an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a					
	literary, or educational p	rear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering				
	contributor, during the y contributions totaled mo during the year for an ex General Rule applies to	rear, contributions exclusively for religious, charitable, etc., purposes, but no such one than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the post of the parts unless the post of this organization because it received nonexclusively religious, charitable, etc., contributions				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of org Wellspring	ganization Committee Inc.		Employer identification number 26-2046485
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number Wellspring Committee Inc. 26-2046485 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) from (d) FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

Name of orga			26-2046485				
Wellspring C Part III	Committee Inc. Exclusively religious, charitable, etc., control (10) that total more than \$1,000 for the year the following line entry. For organizations common contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	from any one contributor. Completing Part III, enter the total of enter this information once. See in	ibed in section 501(c)(7), (8), or olete columns (a) through (e) and oxclusively religious, charitable, etc.,				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	Transferee's name, address, and ZIP	(e) Transfer of gift + 4 Relation	nship of transferor to transferee				
	For. Prov. Country						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's name, address, and ZIF						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans						
(a) No. from	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	Transferee's name, address, and ZI	(e) Transfer of gift P + 4 Relati	onship of transferor to transferee				
	For, Prov. Country						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	ection 501(c)(4), (5), or (6) org	ganizations: Complete Part III.				1 00 0 mm
Name	e of organization				Employer i	dentification number
Wells	spring Committee Inc.				F07	26-2046485
Par	t I-A Complete if th	e organization is exempt unde	er section 501(c	or is a section	on 527 or	ganization.
1	Provide a description of the	e organization's direct and indirect po	olitical campaign ac	ctivities in Part IV.	(see instru	actions for
	definition of "political camp	paign activities")			2	
2	Political campaign activity	expenditures (see instructions) .		* * * * * ** * * *	, P 4	
3	Volunteer hours for politica	al campaign activities (see instruction	s)	-)(3)		
The Control	t I-B Complete if th	ne organization is exempt undexcise tax incurred by the organization	under section 49	55	> \$	
1	Enter the amount of any ex	xcise tax incurred by the organization ma	nagers under sect	tion 4955	▶ \$	
2	Enter the amount of any e	d a section 4955 tax, did it file Form 4	1720 for this year?			Yes No
3	If the organization incurred	a section 4955 tax, did it lile Form 4	720 for tills year?			Yes No
4a						
b	If "Yes," describe in Part IV	√. ne organization is exempt und	er section 501(c) except sect	ion 501(c	:)(3).
	THE Complete if the	expended by the filing organization for	or section 527 exer	nnt function	1011 00 110	7,(-).
1	Enter the amount directly	expended by the filling organization is	of section ozr exci		. > \$	
_	activities	ing organization's funds contributed t	o other organization	ons for section		
2	Enter the amount of the in	ities	o other organization		▶ \$	
•	Tatal exempt function exp	enditures. Add lines 1 and 2. Enter h	ere and on Form 1	120-POL.		
3	line 17h			* * * * * * *	. > \$	0
4	Did the filing organization	file Form 1120-POL for this year?				Yes No
5	Enter the names address	es and employer identification numb	er (EIN) of all secti	on 527 political o	rganization	s to which the filing
5	exemination made nauma	inter For each organization listed ent	er the amount bal	a from the filing of	ganization	S lulius. Also eliter
	the amount of political cor	atributions received that were prompt	ly and directly deli-	vered to a separa	te political	organization, such
	as a separate segregated	fund or a political action committee ((PAC). If additional	space is needed	, provide in	formation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
	(-)	3.32		filing organizat funds. If none, er		contributions received and promptly and directly
				. 21 C 2 200 C C C C C C C C C C C C C C C C		delivered to a separate political organization. If
			.4.0			none, enter -0
/4)						
(1)						
(2)						
						
(3)			1			
)(
(4)						
(5)						
(6)			4			

Schedule C (Form 990 or 990-EZ) 2018

Sch	edule C (Form 990 or 990-EZ) 2018					Page 2
Pa	art II-A Complete if the organizati	on is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	tion
	under section 501(h)).					
Α	Check ▶ if the filing organization	belongs to an a	affiliated group (a	nd list in Part IV e	ach affiliated grou	p member's
	name, address, EIN, ex					
В	Check ▶ if the filing organization	checked box A	and "limited con	trol" provisions ap	ply.	
	Limits on Lo	bying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gra	ass roots lobbying)			0
b		legislative body (direct lobbying)				0
С		lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures	Andrew Colonia				0
е	Total exempt purpose expenditures (add I				0	0
f	Lobbying nontaxable amount. Enter the a					
	columns.				0	0
ſ	If the amount on line 1e, column (a) or (b) is	s: The lobbyi	ng nontaxable amou	unt is:	DESCRIPTION OF	
Ì	Not over \$500,000	20% of the	amount on line 1e.			
[Over \$500,000 but not over \$1,000,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess	ATTENDED TO STREET		
\Box	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25%	* * * * * * * *	0	0		
h	Subtract line 1g from line 1a. If zero or les			£ 8 9 9 £ £ £ 5 .	0	0
i	Subtract line 1f from line 1c. If zero or less				0	0
j	If there is an amount other than zero on e					
	section 4911 tax for this year?				x x 4 00 00 0	Yes No
			g Period Under Se			
	(Some organizations that made a				of the five columns I	pelow.
	See	the separate ins	structions for lines	2a through 2f.)		
_	1.11	to a Francisco difere	as Duning 4 Vaca	Avenanian Danied		
_	Lobb	ying Expenditur	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)		× 50	***		
_						
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount				SECTION AND LINES	
-	(150% of line 2a, column(e))					0
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount			0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures					0

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768	
		(;	a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		\vdash		
C	Media advertisements?	_			_
d e	Publications, or published or broadcast statements?				_
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				_
j	Total. Add lines 1c through 1i				0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				7
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				100
Contract of the last	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection	
ı aı	501(c)(6).	(-/(-/	1/15/11/5/		
1 2	Were substantially all (90% or more) dues received nondeductible by members?	× × ×	3 - 30	1 X	X X
9 Par	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5)	, or s	ection	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		_
С	Total		2c		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	*	3		
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible				
	lobbying and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0
Par					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list);	Part II-	A, lines 1 and	
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

Seachie (Prom900 e 990£2) 2018 Part IV Supplemental Information (continued) Page 49 Part IV Supplemental Information (continued)	Wells	spring Committee Inc.	26-2046485
		orm 990 or 990-EZ) 2018	
	Part IV	Supplemental information (continued)	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information

Employer identification number

26-2046485 Wellspring Committee Inc. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Part II 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, or government (if applicable) or accietance other) General support (1) American Opportunity Alliance 46-4176170 50,000 251 18th St South, Ste 620 Arlington, 501 c 4 General support (2) Annual Fund n/a 27-3379004 50,000 14001 C St. Germain Dr Centreville, V 501 c 4 (3) Citizenship Fund n/a General support 23-2888152 150.000 PO Box 9509 Warwick, RI 02889 501 c 3 n/a General support (4) People United for Privacy 82-3395877 501 c 4 500,000 8323 Linville Rd Oak Ridge, NC 27310 General support (5) The Catholic Association n/a 3220 N St NW Ste 126 Washington, D 20-8476893 501 c 4 345,000 General support n/a (6) Winning for Women 82-1505471 501 c 4 250,000 15191 Montanus Dr Ste 232 Culpeper General support (7) Susan B Anthony List Education F n/a 26-4788700 501c3 250,000 2800 S Shirlington Rd Ste 1200 Arlingt (8) Greenwich Fund n/a General support 1717 K Street NW Washington, DC 20 82-2700545 501 c 4 49,900 (9) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Wellspring	Committee	Inc

26-2046485

hedule I (Fo	orm 990) (2018)					20-2046485
art III	Grants and Other Assistance	to Domestic Individu	als. Complete if th	e organization answ	vered "Yes" on Form 990.	Part IV, line 22,
	Part III can be duplicated if add	tional space is needed		130	The sware sea.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
						2
t IV	Supplemental Information. Pro	ovide the information re	equired in Part I lin	ne 2: Part III. column	/b/: and any ather additi	

	***************************************			***************************************		

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

Open to Public

OMB No. 1545-0047

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Wellspring Committee Inc.

Employer identificati 26-2046485

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exer	section of ient(s) (if mpt) or type entity
Casi	n distribution	12/31/2018			/22/22/23/23/23	Judicial Crisis Network		
Casi	Tuistibutoff	12/31/2018	34,777	n/a	20-2303252	722 12th NW 4th Floor Washington	50	11 c 4
				ı				
			-					
_								
_								
2	Did or will any officer, director, trus	stee or key employe	e of the examination:				1	res No
a	Become a director or trustee of a s	successor or transfer	ree organization?				2a	X
b	Become an employee of, or indepe	endent contractor for	r, a successor or transf	eree organization?	r william william at hon at hon	ter part for part will have be true for their terms of their	2b	X
C	Become a direct or indirect owner	of a successor or tra	ansferee organization?				2c	X
d	Receive, or become entitled to, co	mpensation or other	similar payments as a	result of the organizati	on's liquidation, termi	ination, or dissolution?	2d	X

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2018

Sched	ule N (Form 990 or 990-EZ) 2018 Wellspri	ng Committee Inc	3.			26-2046485		F	Page 2	
Part I Liquidation, Termination, or Dissolution (continued)										
	Note: If the organization distributed a (Total liabilities), should equal -0	III of its assets du	ring the tax year, then	Form 990, Part X, colu	mn (B), line 16 (Total a	assets), and line 26		Yes	No	
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III							Х		
4 a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?							Х		
b	If "Yes," did the organization provide such notice?							Х		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?							Х		
	Did the organization have any tax-exempt bonds outstanding during the year?								X	
	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?						6b			
	c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.									
Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36, Part II can be duplicated if additional space is needed.										
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	red tax-ex	RC section dipient(s) xempt) or of entity	(if	
		r.								
						24-11-11-1				
2	Did or will any officer, director, truste					I		Yes	No	
a Become a director or trustee of a successor or transferee organization?						2a				
							2b			
						2c				
d	d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 2d							_		
6	e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.									

	rm 990 or 990-EZ) 2018	Wellspring Committe	e Inc.		26-2046485	Page 3
Part III	Supplemental Inf	ormation. Provide t	he information required additional information.	d by Part I, lines 2e and	6c, and Part II, line 2).

				*		

			*			

	7.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

• Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization 26-2046485 Wellspring Committee Inc. Form 990, Part VI, Section B, Line 11b: The Form is prepared by a Certified Public Accountant. The Officer reviews the Form 990 and all Comments are addressed prior to IRS filling. Form 990, Part VI, Section B, Line 12c: The officer is required to disclose annually any interests that could give rise to conflicts, and comply with the conflict of interest policy. Form 990, Part VI, Section B, Line 15: The compensation of the officer is determined annually and it is based on performance and the levels of compensation of similar organizations in the geographic area. Form 990, Part VI, Section C, Line 19: The Articles of Incorporation are available from the Virginia State Corporation Commission, and as an attachment to Form 1023. Other Governing documents are not available to the public. Form 990, Part IX, Line 11g: The amount of \$426,098 consist of: General Consulting/Research: \$389,966; Writing: \$6,072; Administration: \$30,060.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
Wellspring Committee Inc.	26-2046485
