

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2017

Open to Public Inspection

<u>A</u>			iendar year, or tax year begii			, and e				
		applicable		LLSPRING COMMITTEE	EINC		D Employer	Identificatio	on number	
\sqcup	Address	change	Doing business as			1				
	Name ch	ange	Number and street (or P O box	if mail is not delivered to stree	et address)	Room/suite	26-2046485		 	
\equiv		_	8665 SUDLEY ROAD			182	E Telephone	E Telephone number		
Ш	Initial reti	urn	City or town		late	ZIP code	(561) 563-35	547		
\Box	Final return	vterminated	MANASSAS		<u>/A</u>	20110				
$\overline{\Box}$	Foreign country name Foreign province/state/country Foreign postal code								40.050.400	
닏	Amended	s return					G Gross rece	ipis \$	16,650,162	
	Application	on pending	F Name and address of principal of	flicer			H(a) is this a group return to	or subordinate	s? Yes X No	
	NEIL CORKERY 8665 SUDLEY RD, STE 182, MANASSAS, VA 20110 Hib) Are all subordinates included? Yes No									
$\overline{}$	Tax-even	npt status	501(c)(3) X 501(c) (4) ◄ (insert no.)	4947(a)(1)	or 52	If "No" attach a list	(see instru	ctions)	
				4 / 4 (miserrina)		1 1 32 C	! [
J	website	e: ► N/A				···	H(c) Group exemption n	umber P		
K	Form of o	rganization	X Corporation Trust	Association Other	r 🕨	LYe	er of formation 2008	M State	of legal domicile VA	
F	art I	Sui	mmary			ì				
	1	Briefly d	escribe the organization's m	ission or most significa	nt activities	s The	Organization's missi	on is to a	dvance	
8	1		overnment and free markets	_						
ă										
Activities & Governance	2	Chack ti	his box 🕨 if the organiz	ration discontinued its	nnoratione	or disposed	of more than 25% of	fite not a	ecote	
ó	3				•	oi disposed	ormore man 25 % o	_ I	_	
8	1		of voting members of the go			// 1 4E)	ļ	3		
æ	4		of independent voting mem				}	4	0	
=	5		mber of individuals employe	•	/ (Part V, I	ine 2a)		5	2	
ŧ	6		mber of volunteers (estimate	• •	_			6	0	
⋖	7a		related business revenue fro	•	•			7a	0	
	<u> → </u>	Net unre	elated business taxable inco	me from Form 990-T, li	ine 34		<u>,</u>	7b	0	
ā						Prior Year		Current Year		
	8		utions and grants (Part VIII, I	•			32,225	000	16 650 000	
ű	, 9	Program	n service revenue (Part VIII,	line 2g)			0		0	
Revenue	10	Investm	ent income (Part VIII, colum	2	,010	162				
Œ	11	Other re	venue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10	c, and 11e	·)	0		0	
	12	Total rev	enue-add lines 8 through 11	(must equal Part VIII, co	ılumn (A), lır	ne 12)	32,227	,010	16,650,162	
	13		and similar amounts paid (Pa				29,124		15,612,998	
	14		paid to or for members (Pai		•			0	0	
Ś	15		, other compensation, employe			s 5–10)	239,819		230,469	
Expenses	16a		ional fundraising fees (Part I				253,019		0	
De d	ь		ndraising expenses (Part IX,			0				
ŭ	17		kpenses (Part IX, column (A)				2,189	754	1,812,818	
	18		penses Add lines 13-17 (m		•	25)	31,554		17.656.285	
	19		e less expenses Subtract lin		11111 (A), 4111C	23)		.440	-1 006,123	
5 5		11010110	e less expenses oubtract in	ic to nontaile 12			Beginning of Current		-1 000, 123 End of Year	
Assets or	20	Total as	sets (Part X, line 16)						 -	
Ass	21		bilities (Part X, line 26)				1,245	0	226 171	
	22		The state of the s	nt line 24 from time 20			4.045		220.474	
			ets or fund balances Subtra	ci ille 21 nom ille 20			1,245	,/8/	226 171	
	art II		nature Block							
			y, I declare that I have examined this ect and complete Declaration of pre-							
	Julio1, 11	N de, dene	A Land compact becaute of the	Select Context Jugan Context 15 De	iscu on an mic	ATTIGUED TO: WITHOU			. 7	
Sig	gn		Sound of the State	Car				1-15	-18	
He	re		Signature of officer	1						
				orkery -						
		<u> </u>	Type or print name and title	/						
_		Pnn	t/Type preparer's name	Preparer's sign						
Paid T Raymond Conlon										
rieparei										
Us	e Only	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is name Conion and Asse							
		Firm	is address ► PO Box 6213,	Silver Spring, MD 209						
Ma	y the IF	RS discus	s this return with the prepare	er shown above? (see						

For Paperwork Reduction Act Notice, see the separate instructions. $_{\mbox{\scriptsize HTA}}$

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Part IV	Chec	klist o	f Red	auired	Schedules

	•		Yes	NO
1	Tis the organization described in section 501(c)(3)-or 4947(a)(1)-(other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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)	۳		
	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	Х	
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		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8_		_ <u>X</u> _
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 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	٣		<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	- 		$\stackrel{\sim}{-}$
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>_x</u> _	
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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_
D	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		Y
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\dot{x}}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			V
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	┌╌┤		
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
			000	

r ai	Checklist of Required Schedules (Continued)			
202	• -Did-the-organization-operate-one-or-more-hospital-facilities?- <i>lf-"Yes,"-complete_Schedule_H</i>	20a	Yes	No X
	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	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		Χ_
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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			
	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		х
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		<u> x</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		x
_	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 ^-
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
22	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u> _
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	100	-	 ^
5 4	III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
•-	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
JO	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	1
			990	(2017)

Form **990** (2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			
			Yes-	No-
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	┼
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	 	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	├	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, 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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
E	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		,
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		+
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30	 	╁
Va	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	- Ou	 ^	
D	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		 ``	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			T_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	↓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b			
	Section 501(c)(12) organizations. Enter			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	†
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ŀ	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	T
	Note. See the instructions for additional information the organization must report on Schedule O		Ì	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		[

Part VI

Sect	ion A. Governing Body and Management						
				Yes	No		
1a	,	1a 1	-	•			
	If there are material differences in voting rights among members of the governing body, or				,		
	if the governing body delegated broad authority to an executive committee or similar		,		Ì		
	committee, explain in Schedule O	415					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b ('┤ '		: :		
2							
,	any other officer, director, trustee, or key employee?	the direct	_2_		X		
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors, or trustees, or key employees to a management company or other		3		v		
	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X		
4			5		X		
5 6	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?	255015 /	6		X		
7a	Did the organization have members of stockholders, or other persons who had the power to elect or	annoint	-		<u> </u>		
r a	one or more members of the governing body?	арропп	7a		×		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	•	'a				
U	stockholders, or persons other than the governing body?	,	7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	1				
U	the year by the following	ii daiiiig	5				
а	The governing body?		8a	$\overline{\mathbf{x}}$			
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached					
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code)			
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	X	ļ		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		3	<u> </u>	لنن		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	40-				
	describe in Schedule O how this was done		12c	X	 		
13	Did the organization have a written whistleblower policy?		13		X		
14	Did the organization have a written document retention and destruction policy?	wal by	14		 ^		
15	Did the process for determining compensation of the following persons include a review and appro- independent persons, comparability data, and contemporaneous substantiation of the deliberation		13	.	. 1		
а	The organization's CEO, Executive Director, or top management official	and decision:	15a	X			
b	Other officers or key employees of the organization		15b				
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1.44	<u> </u>	. 1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement	ļ				
	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 evalu	uate its		,	317		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safe			<u>'</u>	1		
	the organization's exempt status with respect to such arrangements?		16b				
Sect	ion C. Disclosure						
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 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	s)s onl	y)			
	available for public inspection. Indicate how you made these available. Check all that apply						
		kplain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	icy, ar	nd			
	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's		,				
	Neil Corkery	(571) 247-3688					
	8665 Sudley Rd, Ste 182, Manassas, VA 20110						

Form 990 (2017)	WELLSPRING COMMITTEE INC	
Part VII	Compensation of Officers, Director	s, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contr	actors

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	A. Officers, Directors, Trustees, Key Employees, and Hi	ighest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any	related organiz	ation	CON	npe	nsa	teu ar	пус	urrent onicer, dir	ector, or trustee	
		(C) Position				•		-		
(A) Name and Title	(B) Average hours per	box	unles	s pe d a d	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Neil Corkery President	10 00 0 00			X				36,000	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)							-			
(11)										
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, Tru	istees, Key Emi	oloye	es,	and	Hi	ghes	t Co	mpensated Em	ployees (contin	ued)
	· (A)	(B)	(do r	not ch	Pos		than c	one	(D)	(E)	(F)
`	Average hours per week (list any	box, unless person is both officer and a director/trust			or/trust	ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
		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)	compensation from the organization and related organizations
15)											
16)											
17)											
18)											
19)											
20)											
21)										-	
22)											
23)											
24)											
25)											
	m continuation sheets to Part VII, So	ection A		•	•	•	•	>	36,000 0		0
2 Total nur	Id lines 1b and 1c) nber of individuals (including but not lir le compensation from the organization		ted a	ibov	e) w	vho	recei	ved	36,000 more than \$100	,000 of	0
3 Did the c	organization list any former officer, dire e on line 1a? <i>If "Yes," complete Sched</i>	ector, or trustee,	•			e, o	or high	hest	compensated		Yes No
•	ndividual listed on line 1a, is the sum onization and related organizations great of									h	4 X
	person listed on line 1a receive or accretes rendered to the organization? If "Yo	•			-			_		vidual	5 X
Section B. Inc	dependent Contractors	·									
	e this table for your five highest compe sation from the organization Report co										ax
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) compensation
3H Group LLC	1655 N Fort Me	eyer Dr, Ste 700	Arlın	gtor	1, V	A 22	209	Со	nsulting		919,900 0
·								 			0
 											0

	(A) Name and business address	(B) Description of services	(C) Compensation
BH Group LLC	1655 N Fort Meyer Dr, Ste 700 Arlington, VA 22209	Consulting	919,900
			0
<u> </u>			0
			0
			0
	ependent contractors (including but not limited to those listed about 5 of compensation from the organization	ove) who received	, u

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Form 990 (2017) WELLSPRING COMMITTEE INC 26-2046485 **Part VIII** Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (Ç) (D) Related or Unrelated Total revenue Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns 1a 0 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b 0 **Fundraising** events 1c 0 d Related organizations 1d 0 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 16.650.000 Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 16.650,000 Business Code Program Service Revenue 2a 0 0 0 0 0 All other program service revenue Total. Add lines 2a-2f 0 Investment income (including dividends, interest, and 3 other similar amounts) 162 Income from investment of tax-exempt bond proceeds 0 4 5 0 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental expenses c Rental income or (loss) 0 d Net rental income or (loss) \blacktriangleright

(II) Other

0

0

(i) Securities

assets other than inventory 0 b Less cost or other basis and sales expenses 0 0 Gain or (loss) Net gain or (loss) 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV. line 18 а b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances

Net income or (loss) from sales of inventory

Miscellaneous Revenue

7a Gross amount from sales of

b Less cost of goods sold

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Other Revenue

11a b C

> d е

12

0 0 \blacktriangleright 0 0 \blacktriangleright 0 0

0

0

16,650,162

Business Code	-		
	0		
	0		
	0		
	0		
>	0	,	•

ol

26-2046485

Part IX	Statement	of	Functional	Ex	penses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check_if_Schedule_O_contains_a_response_or_note_to-any-line-in-this-Part-IX							
	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	15,612,998	15,612,998					
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			<u> </u>			
5	Compensation of current officers, directors,	00.000	00.040	0.000				
•	trustees, and key employees	36,000	32,040	3,960	0			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and	o						
7	persons described in section 4958(c)(3)(B)	180,000	166,140	13,860	0			
7 8	Other salaries and wages Pension plan accruals and contributions (include	180,000	100,140	13,000	0			
0	section 401(k) and 403(b) employer contributions)	o						
9	Other employee benefits	0						
10	Payroll taxes	14,469	13,355	1,114	0			
11	Fees for services (non-employees)	14,400	10,000	, , , , , , , , , , , , , , , , , , , ,				
··a	Management	0						
b	Legal	109,886	50,000	59,886	0			
c	Accounting	0						
ď	Lobbying	0		-				
e	Professional fundraising services See Part IV, line 17	0	,					
f	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column							
•	(A) amount, list line 11g expenses on Schedule O)	1,112,568	1,071,887	40,681	0			
12	Advertising and promotion	0						
13	Office expenses	7,650	2,369	5,281	0			
14	Information technology	0						
15	Royalties	0						
16	Occupancy	0						
17	Travel	532,714	532,714	0	0			
18	Payments of travel or entertainment expenses	_						
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0						
20	Interest	0		! !				
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	0		0	0			
23 24	Insurance Other expenses Itemize expenses not covered	1.						
4 4	above (List miscellaneous expenses in line 24e If	· · · · · · · · · · · · · · · · · · ·	THE THE PERSON	man in the state of the state o	MATCH GO - HE HO THING PA			
	line 24e amount exceeds 10% of line 25, column	1 '						
	(A) amount, list line 24e expenses on Schedule O)		A Section 1	12				
а	Memberships	50,000	50,000	0	0			
b	THOMAS TO THE STATE OF THE STAT	0	 					
c		0						
d		0						
е	All other expenses	0						
25	Total functional expenses. Add lines 1 through 24e	17,656,285	17,531,503	124,782	0			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation Check here ► if							
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>				
					Form 990 (2017)			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,036,290	1	9,002
	2	Savings and temporary cash investments	209,497	2	102,169
	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,	Harry Control of the second	4 7	品 [1] 对京 \$16 m 治國
		trustees, key employees, and highest compensated employees		0 1	The sales
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section	1 200		" No. 14 12 17 18 1
	ŀ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		13 ,	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	Property of the second of the	1	
र्घ		organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ĕ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or	1 3 3 7 3 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1	, a h , h , 1	大学说明 ,不可可到
		other basis Complete Part VI of Schedule D 10a	0	1 () () () () () () ()	
	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	0	15	115,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,245,787	16	226,171
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
S	22	Loans and other payables to current and former officers, directors,	2007	表法	
Ĕ		trustees, key employees, highest compensated employees, and		5. 25	
Liabilities		disqualified persons Complete Part II of Schedule L	0	22	0
	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		0
	26	Total liabilities. Add lines 17 through 25	0	26_	0
		Organizations that follow SFAS 117 (ASC 958), check here X and	d . Barren manager .	د به ح	The state of the s
es	i	complete lines 27 through 29, and lines 33 and 34.	4 4 4 4 4 4 4 4	1	
anc	27	Unrestricted net assets	1,245,787	27	226,171
Sali	28	Temporarily restricted net assets	0		0
ā	29	Permanently restricted net assets	0		0
٦		Organizations that do not follow SFAS 117 (ASC958), check here	The same of the sa		F. 传生的时间: 200%
ř		complete lines 30 through 34.		4 % X	
Ş	30		0	30	2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	.0		0
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other funds	0	+	0
<u>Vet</u>	33	Total net assets or fund balances	1,245,787		226,171
~	34	Total liabilities and net assets/fund balances	1,245,787		226,171
	1 7-4	rotal habilities and het assetshand balances	1,270,707	J - J - T	1 220.1/1

Form 9	990 (2017) WELLSPRING COMMITTEE INC	2	6-2046485	Pag	ge 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)	-1-1		3,650	0,162
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	7,656	5,285
3	Revenue less expenses Subtract line 2 from line 1	3		1,006	5,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,245	5,787
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-13	3,493
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		226	5,171
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				4
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				
	reviewed on a separate basis, consolidated basis, or both			•	
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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		,	,	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f			
•	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				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		х
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		36		1

Form **990** (2017)

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 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

- 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

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 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

•	, , , , ,	••				
		rganizations Complete Part III			_	
	e of organization			Em	ployer identificati	on number
	LSPRING COMMITTEE II				26-20464	
Par		he organization is exempt und				
1	Provide a description of the	ne organization's direct and indirect p	olitical campaign a	activities in Part IV (se	e instructions for	
	definition of "political cam	paign activities")				
2	Political campaign activity	expenditures (see instructions)		l	\$	
3	Volunteer hours for politic	al campaign activities (see instruction	ns)			
Par	t I-B Complete if t	he organization is exempt und	er section 501	c)(3).		
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 I	\$	
2	Enter the amount of any e	excise tax incurred by organization m	anagers under sec	ction 4955	\$	
3		d a section 4955 tax, did it file Form			Y	es No
4a	Was a correction made?	·	•		Π̈́Υ	′es
	If "Yes," describe in Part I	V			٠	
		he organization is exempt und	ler section 501	c) except section	501(c)(3)	
		expended by the filing organization f			001(0)(0).	
1		expended by the liling organization r	or section 527 exe	inpt function	▶ \$	
•	activities				Ψ	
2		ling organization's funds contributed	to other organizati	ons for section	• •	
_	527 exempt function activ		 - -	1400 DOI	• ··············	
3	·	enditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,		0
	line 17b				• •	0
4	0 0	file Form 1120-POL for this year?				'es 🔲 No
5		ses and employer identification numb				
		ents For each organization listed, en				
		ntributions received that were prompt I fund or a political action committee				
	as a separate segregated	Tund of a political action committee	(FAC) II additiona	T	1	- III ait iv
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		unt of political
				filing organization's funds If none, enter -0		ns received and y and directly
				·	delivered	to a separate
						organization If e, enter -0-
(1)						
(1)						
(2)				•		
(<i>2</i>)						
(3)						
(3) ——						
(4)						
·*/						
(5)						
(6)						

Sch	edule C (Form 990 or 990-EZ) 2017					Page 2
P	art II-A Complete if the organization	n is exempt	under section 5	01(c)(3) and filed	l Form 5768 (elec	
	under section 501(h))					
Α	Check ▶ ☐ if the filing organization b	elongs to an	affiliated group (a	nd list in Part IV e	each affiliated grou	p member's
	name, address, EIN, exp	enses, and sl	hare of excess lob	bying expenditur	es)	
В	Check ▶ ☐ If the filing organization c	hecked box A	and "limited cont	rol" provisions ap	ply	
	Limits on Lob	hvina Expendi	itures	· · · · · · · · · · · · · · · · · · ·	(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
1a	Total lobbying expenditures to influence pul	olic opinion (ar	ass roots lobbying)			0
b	Total lobbying expenditures to influence a le					0
C	Total lobbying expenditures (add lines 1a a	-	(0	0
d	Other exempt purpose expenditures	,				0
е	Total exempt purpose expenditures (add lin	es 1c and 1d)			0	0
f	Lobbying nontaxable amount. Enter the am		ollowing table in bot	h		
	columns		J		ol	0
	If the amount on line 1e, column (a) or (b) is:	The lobbyi	ng nontaxable amou	ınt ıs:		
į	Not over \$500,000		amount on line 1e		'	
	Over \$500,000 but not over \$1,000,000	\$100,000 p	lus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess		* .	
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess of	over \$1,500,000		. 4
	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 less	0	0			
İ	Subtract line 1f from line 1c If zero or less,				<u> </u>	0
j	If there is an amount other than zero on eith	ner line 1h or lii	ne 1i, did the organi	zation file Form 472	0 reporting	-
	section 4911 tax for this year?					Yes No
		_	g Period Under sed			
	(Some organizations that made a s			·	of the five columns I	pelow.
	See th	ne separate ins	structions for lines	2a through 2f.)		
	Labbui	na Evnanditu	roo During 4 Voor A	varaging Pariod		
	LOBBYI	ng Expenditui	res During 4-Year A	Veraging Feriod	T	
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount				اه	0
b	Lebburg colling amount		1 1 1 1			
Ü	Lobbying ceiling amount (150% of line 2a, column(e))	·				0
_			 	·		
С	Total lobbying expenditures				o	0
ـــ	Cranarate nontevable arraint					· · · · · · · · · · · · · · · · · · ·
d —	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount			60 +		
	(150% of line 2d, column (e))	•	, 1	14 T	* * * * * * * * * * * * * * * * * * * *	0
f	Grassroots lobbying expenditures					_
	· · · · ·		1	I .	ı nı	Λ

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017

(b) Amount
0
0
0
0
0
0
0
0
0
0
ection
Yes No
1 X
2 X
3 X
t III-A, line 3, is
0
0
_ E

WELLSPRING COMMITTEE INC

26-2046485

	orm 990 or 990-E				 Page 4
Part IV	Suppleme	ental Information (con	tınued)		
•					
			* **		
				• • • • • • • • • • • • • • • • • • • •	
					 •••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

Go to www.irs gov/Form990 for instructions and the latest information. Name of the organization Employer identification number WELLSPRING COMMITTEE INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements а 2b Total acreage restricted by conservation easements b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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	ule D (Form 990) 2017 WELLSPRING COM						26-20-		Page 2
Par	Organizations Maintaining Co	ollections of	Art, Histo	rical Tre	asures, or	Other S	<u>Similar Asse</u>	ts (continu	ıed)
3	Using the organization's acquisition, acc	ession, and oth	er records,	check any	of the follow	ing that a	are a significar	it use of its	
	collection items (check all that apply)								
а	Public exhibition		d	Loan	or exchange	program	s		
b	Scholarly research		e	Other					
С	Preservation for future generation	s							
4	Provide a description of the organization		id explain h	now they fu	urther the org	anization	n's exempt pur	pose in Part	į
	XIII		•	•	•		, , ,		
5	During the year, did the organization soli	cit or receive do	nations of	art, histori	cal treasures	, or other	sımılar		
	assets to be sold to raise funds rather th							Yes	No No
Par	IV Escrow and Custodial Arrang	ements.					· -		
	Complete if the organization an		on Form	990, Part	IV, line 9, c	or report	ed an amour	nt on Form	1
	990, Part X, line 21			•	,	•			
1a	Is the organization an agent, trustee, cus	stodian or other	ıntermedia	ry for cont	ributions or o	ther asse	ets not		
	included on Form 990, Part X?			•				Yes	No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the follo	wing table					
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amount	on Form 990, P	art X, line 2	1, for escr	ow or custod	lial accou	int liability?	Yes	No No
b	If "Yes," explain the arrangement in Part	XIII Check her	e if the exp	lanation h	as been prov	ided on F	Part XIII		
Pari	V Endowment Funds.								
	Complete if the organization an	swered "Yes"	on Form	990, Part	IV, line 10.				
		(a) Current year		or year	(c) Two years	s back ((d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses	·····							
d	Grants or scholarships						·		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		0	0	<u> </u>	0		0	0
2	Provide the estimated percentage of the	current year er		(line 1g, co	olumn (a)) he	ld as			
a	Board designated or quasi-endowment	P	····%						
b	Permanent endowment	%	,						
С	Temporarily restricted endowment		<u>~</u>						
20	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the po	•		on that are	bold and ad	ministors	d for the		
3a	•	ossession or the	organizati	on that are	rielu ariu au	iiiiiistere	a ioi trie	<u></u>	Yes No
	organization by								res No
	(i) unrelated organizations(ii) related organizations							3a(i) 3a(ii)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	anizatione lietor	ac require	d on Scho	dula R2			3b	-
b ⊿	Describe in Part XIII the intended uses of		-					30	
Par	VI Land, Buildings, and Equipm		on a chuow	ment land	<u> </u>				
T GII	Complete if the organization an		on Form	990 Part	\/ ıne 11s	See F	orm 990 Pa	rt X line 1	n
	Description of property		other basis		ost or other		ccumulated	(d) Bool	
	Description of property	1 '''	tment)	1	is (other)	1	preciation	(4) 6001	N VAIUC
10	Land	<u> </u>		 				 	

Land 0 900000 0 b Buildings 0 0 Leasehold improvements 0 0 0 d Equipment Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities. Complete if the organization answe	red "Yes" on Form 99	0 Part IV line 11h See Forn	n 990 Part X line 12
(a)-Description-of-security-or-category	(b)-Book-value	(c)-Method-of-v	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial d	erivatives	0		
(2) Closely-hel	d equity interests	0		
	·			
				
(D)				
(E)				
(F)				
(G)				
(H)			"They a "man is as taken by highly the region of the " the more than	الله المراجعة
	n) must equal Form 990, Part X, col (B) line 12)	0	を対して、おいない。 ないが、ないないないない。 はいました。 はいまないないない。 はいまないないないない。 はいまないないないないないないない。 はいまないないないないないないない。 はいまないないないないないないないないないないないないない。 はいまないないないないないないないないないないないないないないない。 はいまないないないないないないないないないないないないないないないないないないな	- on the state of
Part VIII.	Investments—Program Related. Complete if the organization answe	red "Yes" on Form 99	0, Part IV, line 11c See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)			-	
(2)				<u> </u>
(3) (4)				
(5)				· · · ·
(6)				······································
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	• • • • • • • • • • • • • • • • • • • •			
(9)	· · · · · · · · · · · · · · · · · · ·			
	b) must equal Form 990, Part X, col (B) line 13)	0	在我是不是因此不是在你好	H FIGHTLIN GIN
Part IX-	Other Assets.			
	Complete if the organization answer	red "Yes" on Form 99	0, Part IV, line 11d See Forn	n 990, Part X, line 15
	(a) De	scription		(b) Book value
(1) Accounts	receivable			115,000
(2)				
(3)			**************************************	
(4)		•		
(5)				
(6)				7
<u>(7)</u>				
(8)			- <u></u>	1
(9)	(b) must equal Form 990, Part X, col (B) lin	0.15)		115.000
Part X	Other Liabilities.	<i>= 13)</i>		115,000
arare News	Complete if the organization answelline 25	red "Yes" on Form 99	0, Part IV, line 11e or 11f Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		ANTER CARREST
(1) Federal ır	ncome taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			The second of the second of the second	
(8)				The state of the s
<u>(9)</u>			The state of the s	
Total, (Column (b	o) must equal Form 990, Part X, col. (B) line 25) 🏲	0	中國外國語學學學 网络黑色红色	· "一个"

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017	\//E	FLESPRING	COMM	NITTEE I	NIC

26-2046485

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Part XI	Reconciliation of Revenue per Audited Financial Staten		ue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a		
	revenue, gains, and other support per audited financial statements—			
	unts included on line 1 but not on Form 990, Part VIII, line 12			
	inrealized gains (losses) on investments	2a		
	ited services and use of facilities	2b		
	veries of prior year grants	2c		
d Othe	r (Describe in Part XIII)	2d		
e Add I	ines 2a through 2d		2e	0
	ract line 2e from line 1		3	0
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1			
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	r (Describe in Part XIII)	4b		
c Add I	ines 4a and 4b		4c	. 0
5 Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	2)	5	0
Part XII	Reconciliation of Expenses per Audited Financial State	ments With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990,		•	
1 Total	expenses and losses per audited financial statements		1	
	unts included on line 1 but not on Form 990, Part IX, line 25			
	ited services and use of facilities	2a		
	year adjustments	2b		
	rlosses	2c		
	r (Describe in Part XIII)	2d		
	ines 2a through 2d		2e	0
	ract line 2e from line 1		3	0
	unts included on Form 990, Part IX, line 25, but not on line 1		,	
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	r (Describe in Part XIII)	4b		
	ines 4a and 4b	_ ··-	4c	0
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	0
Part XIII	Supplemental Information.		11.	<u>_</u>
	descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to			

Schedule D (Form 990)) 2017 WELL	SPRING COMM	IITTEE INC			26-2046485	Page 5
Part XIII Su	pplemental	Information (continued)				
•	<u> </u>				1.5.5. 1		

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			• • • • • • • • • • • • • • • • • • • •	 			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WELLSPRING COMMITTEE INC						2	6-2046485	
Part I General Information	n on Grants	and Assistance						
 Does the organization mainta the selection criteria used to Describe in Part IV the organ 	award the grants	s or assistance?	•		eligibility for the grants o	r assistance, and	X Ye	s No
Part II Grants and Other	Assistance to	Domestic Orga	nizations and Dome	estic Government	ts. Complete if the org	janization answere ce is needed.	ed "Yes" or	Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or as	ose of grant sistance
(1) Annual Fund 14001 C St Germain Dr Centreville, V	27-3379004	501 c 4	48,000				General S	
(2) Judicial Crisis Network 722 12th NW 4th Floor Washington, D	20-2303252	501 c 4	14,814,998				General S	
(3) The Catholic Association 3220 N St NW Ste 126 Washington, D	20-8476893	501 c 4	400,000				General S	
(4) FGA Action 75 N Woodward Ave, Ste 80038 Tallal	47-3125722	501 c 4	350,000				General S	upport
(5)								
(6)	:						-	
(7)								
(8)								
(9)								
(10)								!
(11)								
(12)								
2 Enter total number of section3 Enter total number of other of				table .		. •		0

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Page	4

Part III.	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed							
	(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 a	ssistance	
1								
2								
3								
4								
5								
6								
7 Part IV	Supplemental Information. Pro	ovide the information r	equired in Part I li	ne 2: Part III. colum	n (h), and any other addit	tional information	1	
		••••••••				•		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 0 Open to Public Inspection

Name of the organization Employer identification number WELLSPRING COMMITTEE INC 26-2046485 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 \$1,112,568 consist of General Consulting/Research \$1,067,137, Writing \$42,577, Administration \$2,854