JONES, NALE & MATTINGLY PLC 401 WEST MAIN STREET, SUITE 1100 LOUISVILLE, KY 40202

> WELLSPRING, INC. P.O. BOX 1927 LOUISVILLE, KY 40201

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CLIENT'S COPY



Jones, Nale & Mattingly PLC

WELLSPRING, INC. P.O. BOX 1927 LOUISVILLE, KY 40201 ATTENTION: MR. RICK ALEXANDER

DEAR MR. ALEXANDER:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

LARRY GUMBEL

IRS e-file Signature Authorization OMB No. 1545-0047 Form 8879-FC for an Exempt Organization For calendar year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30 , 20 21Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number WELLSPRING, INC. 31-1020023 Name and title of officer or person subject to tax KATHARINE R. DOBBINS CEO Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a Form 990** check here **>** X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _____ **1b** _____ 6,404,279. **b** Total tax (Form 1120-POL, line 22) _____ 3b 3a Form 1120-POL check here ÞL 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) _____ 6b b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here 7b Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🔀 I am an officer of the above organization or 🛛 🔲 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1 888 353 4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize JONES, NALE & MATTINGLY PLC 05220 to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date 🕨 Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 61366923123 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date 🕨 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	ation number (TIN)					
print	WELLSPRING, INC.		31_1	020023						
File by the					21-1	020023				
due date f filing your return. See	P.O. BOX 1927									
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40201										
Enter the Return Code for the return that this application is for (file a separate application for each return)										
Applica	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 99	90-BL	02	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	90-PF	04	Form 5227			10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	00-T (trust other than above) THE ORGANIZATI	06	Form 8870			12				
• If this box 1 In th	 I request an automatic 6-month extension of time until <u>MAY 16, 2022</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year or X tax year beginning JUL 1, 2020, and ending JUN 30, 2021 									
a	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.			3a	\$	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
_	stimated tax payments made. Include any prior year over			3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your p	-				0.				
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$					
instruct	If you are going to make an electronic funds withdrawations.	ai (direct de	DIT) WITH THIS FORM 8868, See Form 8	453-EO a	na ⊦orm 88	3/9-EO for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			EXTENDED TO MAY 16, 202	2		•			
	0	on	Return of Organization Exempt Fro			OMB No. 1545-0047			
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc	•					
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	-		Open to Public			
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection			
				າg ປ	UN 30, 2021				
B	heck if pplicab	ble: C Name of	organization		D Employer identific	ation number			
	Addre	well	SPRING, INC.						
	Name		isiness as		31-102002	23			
	Initial returr			n/suite	E Telephone number				
	Final returr	0	BOX 1927			7-4361			
_	ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,474,791.			
Ļ	Amer		SVILLE, KY 40201		H(a) Is this a group ret				
	Appli tion pendi		address of principal officer: KATHARINE R. DOBBINS			? Yes X No			
	-	SAME .	AS C ABOVE		H(b) Are all subordinates inc				
		empt status:		527		ist. See instructions			
			WELLSPRINGKY.ORG X Corporation Trust Association Other	Maan	H(c) Group exemption	State of legal domicile: KY			
	art I	f organization:		<u>Year</u>		State of legal domicile: KI			
	1		e the organization's mission or most significant activities: TO PROM	OTT	THE RECOVER	V OF			
Governance	'	PERSONS	WITH MENTAL ILLNESS THROUGH LEADERS	HIP	IN THE DEVE	LOPMENT OF			
'naı	2		If the organization discontinued its operations or disposed of the organization discontinued its operations.						
lovel	3				1 1	16			
ğ	4								
8 8	5		5	128					
viti	6		of volunteers (estimate if necessary)			182			
Activities &	7a		business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.			
					Prior Year	Current Year			
e	8		and grants (Part VIII, line 1h)		3,134,014.	3,801,672.			
Revenue	9		ce revenue (Part VIII, line 2g)		2,360,967.	2,511,385.			
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		91. -4,564.	216. 91,006.			
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,490,508.	6,404,279.			
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0,404,279.			
	13 14		nilar amounts paid (Part IX, column (A), lines 1·3) o or for members (Part IX, column (A), line 4)		0.	0.			
		-			3,107,502.	3,189,672.			
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 191,087.	· –	0.	0.			
per	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright 191,087.	·	-	_			
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		2,620,696.	2,483,834.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,728,198.	5,673,506.			
	19		expenses. Subtract line 18 from line 12		-237,690.	730,773.			
Net Assets or Fund Balances					ginning of Current Year	End of Year			
sets	20	Total assets (F	Part X, line 16)		3,893,097.	4,225,957.			
at As	21		(Part X, line 26)		1,378,283.	860,120.			
			und balances. Subtract line 21 from line 20		2,514,814.	3,365,837.			
	art II	•		atat	and and to the - the - the - the	In and a set to the Set Set			
			declare that I have examined this return, including accompanying schedules and			Knowledge and belief, it is			
<u>u ue</u>	, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which p	eparer	nas any knowledge.				

Sign	Signature of officer			Date							
Here	KATHARINE R. DOBBINS,	CEO									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	LARRY GUMBEL			if self-employed P01502492							
Preparer	Firm's name ▶ JONES, NALE & MA	TTINGLY PLC		Firm's EIN ▶ 61-0420207							
Use Only	Firm's address 💊 401 WEST MAIN ST	REET, SUITE 1100									
	LOUISVILLE, KY 40202 Phone no. (502) 583-0248										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No										
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	WELLSPRING, INC. 31-1020023	Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WELLSPRING PROMOTES MENTAL HEALTH RECOVERY AND SUPPORTS INDIVIDUAL	
	BUILDING HEALTHY AND HOPEFUL LIVES THROUGH BEHAVIORAL HEALTH, HOUS	ING,
	AND EMPLOYMENT SERVICES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s 🛛 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s 🛛 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, and
	revenue, if any, for each program service reported.	
4a		,533.)
	WELLSPRING OPERATES TWO CARF ACCREDITED CRISIS UNITS FOR ADULTS IN	
	PSYCHIATRIC CRISIS. THE PROGRAM OFFERS A COMFORTABLE, COMMUNITY-BA	
	AND COST EFFECTIVE ALTERNATIVE TO INPATIENT HOSPITALIZATION FOR AD	
	WHO NEED AN INTENSIVE LEVEL OF SUPPORT BUT DO NOT REQUIRE THE LOCK	ED
	DOWN SAFETY OF AN INPATIENT HOSPITAL. THESE CRISIS STABILIAZATION	
	UNITS(CSUS) ARE LICENSED BY THE COMMONWEALTH OF KY AND MONITORED B	
	OFFICE OF THE INSPECTOR GENERAL TO MEET QUALITY STANDARDS. THE PROC	
	PROVIDE 24-HOUR STAFF SUPPORT WITH A MULTI-DISCIPLINARY TEAM APPRO	
	INCLUDING ON SITE SERVICES FROM A PSYCHIATRIST, APRN, CLINICAL SOC	
	WORKERS, ART THERAPISTS AND PSYCH REHAB COUNSELORS. THE PROGRAMS C. ACCOMMODATE A MAXIMUM OF 18 PEOPLE ON ANY GIVEN DAY AND SERVED 394	AIN
	PEOPLE IN FISCAL YEAR 2021. THE PROGRAMS WORK CLOSELY WITH THE	
		,484.)
4b	(Code:) (Expenses 2,026,616 including grants of) (Revenue 423 WELLSPRING'S SUPPORTIVE AND AFFORDABLE HOUSING PROGRAMS SERVE ADUL	<u> </u>
	WITH SERIOUS MENTAL ILLNESS WHO ARE LIVING ON INCOMES WELL BELOW T	
	FPL-TYPICALLY, <50% OF AMI. IN FISCAL 2021 WE PROVIDED 100+ ADULTS	
	MENTAL ILLNESS HOUSING IN PROPERTIES OWNED BY WELLSPRING AND OVER	
	PEOPLE IN SCATTERED SITE MAINSTREAM RENTAL UNITS. SERVICES LIKE CA	SE
	MANAGEMENT, PEER SUPPORT, AND THERAPY ARE AVAILABLE TO CLIENTS IN (OUR
	HOUSING PROGRAMS. TO QUALIFY FOR THESE PROGRAMS A CLIENT MUST HAVE	A
	DOCUMENTED MENTAL HEALTH DISABILITY/ILLNESS, MANY HAVE A SUBSTANCE	
	ABUSE D/O, A PHYSICAL HEALTH CONDITION, AND /OR ARE HOMELESS. MORE	
	450 PEOPLE PARTICIPATED IN WELLSPRING HOUSING PROGRAMS IN FISCAL Y	
	2021. IN 2020, WE EXTENDED OUR ACCREDITATION IN COMMUNITY HOUSING	FOR
	ANOTHER 3 YEARS.	
4c	(Code:) (Expenses \$ 1,507,249. including grants of \$) (Revenue \$ 1,161 WELLSPRING, THROUGH OUR BHSO (BEHAVIORAL HEALTH ORGANIZATION), PRO	,103.)
		VIDES
	OUTPATIENT GROUP TX, INDIVIDUAL THERAPY, CASE MANAGEMENT AND PEER	
	SUPPORT AS WELL AS INTENSIVELY SUPPORTED SPECIALTY PROGRAMS LIKE	
	ASSERTIVE COMMUNITY TREATMENT (ACT) TEAM, WISH WHICH PROVIDES SEVEN	
	A WEEK SUPPORT SERVICES TO HIGHLY VULNERABLE CLIENTS, AND PIC (PRO	
	FOR INTEGRATED CARE) WHICH IS A SAMHSA SUPPORTED PROGRAM FOR ADULT	
	WITH CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDERS. IN 2 WE EXTENDED OUR ACCREDITATION IN OUTPATIENT SERVICE AND CASE MANAGE	
	FOR ANOTHER 3 YEARS (THE MAXIMUM ACHIEVABLE OUTCOME).	CINCIVI
	TOR ANOTHER J TEARD (THE MAXIMUM ACHIEVABLE OUICOME).	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 103,095. including grants of \$) (Revenue \$ 49,265.)	
4e	Total program service expenses ► 4,897,636.	

Form **990** (2020)

WELLSPRING, INC.
 Form 990 (2020)
 WELLSPRING ,

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
	public office? If "Yes," complete Schedule C, Part I	3		X
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		x
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		x
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		x
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, 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,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		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 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	Х	
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	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		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
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	X	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 I and II	21		X

Form	990	(2020)
	330	

 Form 990 (2020)
 WELLSPRING, INC.

 Part 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		X
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			v
~ ~	Schedule J	23		X
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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			x
~~	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	51		
UL.	Schedule N, Part II	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	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	34	Х	
35 a	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		
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		X
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 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12		169	
b				
c				
	(gambling) winnings to prize winners?	1c	Х	

Part U Statements Regarding Other IRS Filings and Tax Compliance (contruued) Yes No 2a Ener the number of employees reported on Form W.3. Transmittel of Wage and Tax Statements. 128 1	Form	990 (2020) WELLSPRING, INC. 31-1020	023	Р	age 5					
2a Enter the number of employees reported on Ferm W3. Transmittal of Wage and Tax Statements. 2a 1.28 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 1 and 2a is greater than 250, your may be required to <i>e</i> /fe (see instructions) 3a X 3b Did the organization have intracted business gross income of \$1.0000 mme during the year? 3b X 3b Thes, "hast titled a form 9001 for this year? If "Vol to line 3b, provide an explanation or Schedule 0 3b X 3b If "Yes," instittied a form 9001 for this year? If "Vol to line 3b, provide an explanation or Schedule 0 3a X 3c X Se instructions for tiling requirements for fineEN Fine singuinater or other authority over, a financial accounts (FIAAF). Se is the organization party to prohibited tax sheller transaction 7. Se is X Did any taxable party notify the organization that the was or the approx mB8607. Se is X Did the organization shell the wash of the goods or services provided Tax sheller transaction 7. Se X Did the organization shell wash of the goods or services provided Tax sheller transaction 7. Se X Did the organization neave y solicitation an express datament that such contributions or gifts were not tax deductible as charitable contribution shat wase not tax deductible as chari										
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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.	16		16		Х					

Form **990** (2020)

b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi									
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under th									
	of officers, directors, trustees, or key employees to a management company or other person?	•	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form				Х					
5										
6										
	Did the organization have members, stockholders, or other persons who had the power to elect or a		6							
	more members of the governing body?		7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:								
а	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		•							
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?		13	Х						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approv	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			X						
b	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).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange									
	taxable entity during the year?		16a	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			37					
0	exempt status with respect to such arrangements?		16b		X					
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KY		(2)	<u> </u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-1 (Section 501(c)	(3)s oni	y) avai	lable					
	for public inspection. Indicate how you made these available. Check all that apply.									
10		on Schedule O)	1.0							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	brinict of interest policy,	and fina	Incial						
00	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 bound THE ORGANIZATION $-502-637-4361$	ions and records F								
	PO BOX 1927, LOUISVILLE, KY 40201									
02000			For	n 900	(2020)					
032006	12-23-20		1011	1 330	(2020)					

WELLSPRING, INC.

Section A. Governing Body and Management

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

1a Enter the number of voting members of the governing body at the end of the tax year

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 committee, explain on Schedule 0.

Form 990 (2020)

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16

Х

Yes No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

1a

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest 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.

See instructions for the order in which to list the persons above.

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

Name and title Average hours per light any pour for an attraction used below Deportable compension from below Reportable compension from the organization (W-2/1099-MISC) Estimated compension from the organization (W-2/1099-MISC) (1) KATHARINE R. DOBBINS 40.00 X 120,870. 0. 12,142. (2) ANTIMER R. DOBBINS 40.00 X 1000,055. 0. 5,469. (3) ALAN MACDONALD 1.00 X 0. 0. 0. (4) CURTIES SCOTT 1.00 X 0. 0. 0. (5) GEOGEE W RAPP JR. 1.000 X 0. 0. 0. 0. (6) JOSH JEATRACK 1.000 X 0. 0. 0. 0. (1) MATHMER 1.000 X 0. 0. 0. 0. (2) OURTIES SCOTT 1.000 X 0. 0. 0. 0. (3) RAMERE 0.0 0. 0. 0. 0. 0. 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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CHAIR X X X 0.<	SECRETARY		Х		Х				0.	0.	0.
(16) WILLIAM FRIEL 1.00 X X 0.	(15) STEVE KERRICK	1.00									
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(17) ALFORD SPOTTS 1.00 BOARD MEMBER X	(16) WILLIAM FRIEL	1.00									
BOARD MEMBER X 0. 0. 0.	VICE CHAIR		Х		Х				0.	0.	0.
	(17) ALFORD SPOTTS	1.00									
	BOARD MEMBER		Х						0.	0.	

	1 990 (2020) WELLSPRII	NG, INC	•							31-10	200	023	Pag	e 8
Par	rt VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C			<u> </u>			
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	tion amount of			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC))	frc orga and	ensatic om the nizatior related nization	ר ו
(18)) SERRITA BELL	1.00							_		_			_
BOAF	RD MEMBER		X						0.		0.			0.
											_			
			-											
	Subtotal Total from continuation sheets to Part V								220,925.		0.	17	,61	1.
	Total (add lines 1b and 1c)								220,925.		0.	17	,61	
2	Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportable				2
	compensation from the organization												Yes	<u></u>
3	Did the organization list any former officer,	,	,		•	,	,			,		•		x
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4	2	<u>X</u>
	rendered to the organization? If "Yes," com	-				-			-			5	2	Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of comp	ensa	ation fr	om	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	С	(C) ompen		
								_						
								_						
2	Total number of independent contractors (i	e e	iot li	mite	d to		se lis D	stec	d above) who received n	nore than				

		Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclude from tax under
								function revenue	business revenue	sections 512 - 51
ŝ	1 a	Federated campaigns		1a		22,180.				
and Other Similar Amounts		•• • • • •								
Ĕ		 Membership dues Fundraising events 		······		39,000.				
₹		Related organizations								
lia					3	401,658.				
S.		Government grants (contributions, gifts			5,	<u>+01,050</u>				
ē	T	All other contributions, gifts,				338,834.				
₹		similar amounts not included				<u>39,000.</u>				
	-	Noncash contributions included in					2 001 672			
8	h	Total. Add lines 1a-1f				· · · · ·	3,801,672.			
						Business Code	2 276 272			
	2 a							2,276,272.		
e	b	·				623990	152,370.			
ē	С	MEDICAID RESE	iRV	E		623990	82,743.	82,743.		
ě	d	l								
Revenue	е									
		All other program service								
	g	Total. Add lines 2a-2f					2,511,385.			
	3	Investment income (inclue	ding	dividends, iı	ntere	est, and				
		other similar amounts)				►	216.			216
	4	Income from investment of	of tax	<pre>k-exempt bo</pre>	nd p	oroceeds 🕨 🕨				
	5	Royalties	. <u></u>			►				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)							
		Gross amount from sales of	Í	(i) Securiti		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)	7c							
		Net gain or (loss)								
;		Gross income from fundraisi			<u> </u>					
	0 0	including \$ 39								
		contributions reported on								
		1		,	0	161,518.				
	h	Part IV, line 18			8b					
		 Less: direct expenses Net income or (loss) from 			0.0		91,006.			91,006
							51,000.			51,000
	9 a	Gross income from gamin	•							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	3 <u></u>	▶				
	10 a	Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	s of invento	у	🕨				
						Business Code				
ē	11 a	I								
en	b)								
ev.	с									
Revenue	d	All other revenue								
- I										
	е	Total. Add lines 11a-11d						2,511,385.		

WELLSPRING, INC.

Form 990 (2020) WELLSPR: Part VIII Statement of Revenue

WELLSPRING, INC.

(D) Fundraising

expenses

116,622.

5,086.

8,486.

1,145.

15,520.

123.

18,092.

10,641.

1,617.

5,576.

8,179.

191,087.

220,925.

143,976.

13,822.

19,819.

30,401.

3,692.

17,436.

987.

-126.

3,434.

2,162.

22,963.

21,285.

8,726. 57,284.

17,997.

584,783.

Pa	art IX Statement of Functional Expens	ies					
Sec	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 respo	nse or note to any line in	this Part IX				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						

220,925.

2,704,256.

60,933.

32,164.

276,377.

46,190.

25,641.

18,133.

156,770.

411,363.

695,998.

236,045.

119,434.

104,306.

361,478.

5,673,506.

-65.

203,558.

2,443,658.

42,025.

1,763.

271,540.

13,234.

24,654.

14,699.

154,608.

370,308.

664,072.

236,045.

109,091.

41,446.

335,302.

4,897,636.

-62.

175,253.

2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign

- organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4
- Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified
- persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
- Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions)
- Other employee benefits g Payroll taxes 10
- Fees for services (nonemployees): 11
- a Management Legal b
- Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е
- Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12
- 13 Office expenses 14 Information technology 15 Royalties
- 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ...
- Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates Depreciation, depletion, and amortization 22
- 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) LEASE EXPENSE а PROGRAMS h UTILITIES AND TELEPHONE С d MISCELLANEOUS
- e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

032010 12-23-20

Check here

Form 990 (2020) T Part X Balance Sheet WELLSPRING, INC.

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	909,559.	1	941,941.
	2	Savings and temporary cash investments	197,519.	2	269,592.
	3	Pledges and grants receivable, net	88,444.	3	235,066.
	4	Accounts receivable, net	215,352.	4	178,796.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net	210,038.	7	290,219.
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	4,000.	9	4,923.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,915,861.Less: accumulated depreciation10b3,113,193.			
	b	Less: accumulated depreciation 10b 3,113,193.	1,867,434.	10c	1,802,668.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	400,751.	15	502,752.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,893,097.		4,225,957.
	17	Accounts payable and accrued expenses	366,867.	17	401,664.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ii:		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	939,040.	23	397,749.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	72,376.		60,707.
	26	Total liabilities. Add lines 17 through 25	1,378,283.	26	860,120.
ŝ		Organizations that follow FASB ASC 958, check here 🕨 🗴			
nce		and complete lines 27, 28, 32, and 33.	1 004 674		
ala	27	Net assets without donor restrictions	1,804,674.		2,591,507. 774,330.
dВ	28	Net assets with donor restrictions	710,140.	28	//4,330.
'n		Organizations that do not follow FASB ASC 958, check here 🕨			
ъ Т		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	2 265 027
ž	32	Total net assets or fund balances	2,514,814.	32	3,365,837.
	33	Total liabilities and net assets/fund balances	3,893,097.	33	4,225,957.

Form **990** (2020)

Form	1990 (2020) WELLSPRING, INC.	31-	102002	3 р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>279</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			506.
3	Revenue less expenses. Subtract line 2 from line 1	3			773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,5	14,8	814.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	<u>20,</u> 2	250.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,3	65,8	837.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			1	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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			<u>x</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 of the				
	review, or compilation of its financial statements and selection of an independent accountant?			; X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Auc			
	Act and OMB Circular A-133?		3a		_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u> </u>
			For	m 990) (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification number

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection				
Nam	e of	the organizati	on						Employe	identification numbe
				SPRING, IN						1-1020023
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete t	his part.) S	See instruction	ns.	
The	orgar	nization is not a	a private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	describe	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7					antial part of its support f				the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state c	f the collec	je or
		university:								
10	X	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investmen
		income and ι	Inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that c	ontrol or man	age the sup	oported
	_	organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
С		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
	_	_ its support	ed organizatio	on(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection	with its suppo	rted organ	ization(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requiremer	it (see instruct	tions). You must cor	mplete Part IV, Sections	A and D	, and Part	۷.		
е			•		written determination fro			а Туре I, Туре	e II, Type III	
					onally integrated support		zation.			
f	Ente	er the number	of supported of	organizations						
g			-	n about the supporte		(iv) Is the orac	inization listed			
	((i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions
		organization	1		above (see instructions))	Yes	No	Support (See I	istructions)	

Schedule A (Form 990 or 990 EZ) 2020 WELLSPRING, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Public	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2020. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟
b	33 1/3% support test - 2019. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	3a, 16b, 17a, or 17	b, check this box a	and see instruction	Is ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 WELLSPRING, INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3963190.15578952. 2774626 2903786 2848336 3089014. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1894621 2333097. 2223262. 2428642.10616329. 1736707. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5181433. 5312276. 4511333. 4798407. 6391832.26195281. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 157,847. 112,168. 137,784. 22,736. 21,857 452,392. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 137,784. 157,847. 112,168. 22,736. 21.857. 452 392 c Add lines 7a and 7b 25742889 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support **(a)** 2016 (b) 2017 (e) 2020 Calendar year (or fiscal year beginning in) (c) 2018 (d) 2019 (f) Total 6391832.26195281. 4511333. 4798407. 5181433 5312276. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 152. 341. 164. 91. 216. 964. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 341. 152. 164. 91. 216. 964. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4798559. 5181597. 5312367. 4511674. 6392048.26196245. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 98.27 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 % 96.98 16 16 Public support percentage from 2019 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) % .07 18 % 18 Investment income percentage from 2019 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Зb		
Зc		
4a		
4b		
4c		
тс		
5a		
5b		
5c		
6		
_		
7		
8		
ð		
9a		
9b		
9c		
10a		
10h		

10b

Part IV Supporting Organizations (continued)

1

2

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

Part VI now providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II Supporting Of	ryanizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 I
 I
 I

Section D. All Type III Supporting Organizations	

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 WELLSPRING, INC.

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 2 3 4 5 6 7 8		
3 4 5 6 7		
4 5 6 7		
5 6 7		
6 7		
7		
7		
7		
8		
-		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
ld		
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
	8 1a 1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 6 7 8 6 7 8 6 7 8 6 7 8 6 7 8 7 8 6 7 8 8 7 7 8 8 7 8 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8	8 (A) Prior Year 1a

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
c	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

	** Do Not File **
***	Not Open to Public Inspection

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
ALAN AND JOYCE MACDONALD	2,750.	1,700.	2,000.	2,852.	3,741.
ANNE ARDERY	600.	500.	0.	0.	0.
BILL ALDEN, III	0.	10,016.	10,000.	0.	0.
BILL ALDEN, JR.	30,000.	20,000.	50,000.	0.	0.
BILL FRIEL	0.	0.	0.	0.	300.
BOB BORDOGNA	100.	500.	200.	0.	0.
BOSWORTH TODD	1,557.	1,289.	1,250.	0.	0.
CURTISS SCOTT	0.	5,000.	958.	10,100.	1,800.
DAWN CROFT	0.	0.	1,000.	0.	0.
DR. RIF EL-MALLAKH	350.	850.	600.	0.	0.
ELMORE WILLETS III	9,360.	10,500.	4,500.	0.	0.
GARY & MARGARET PENNINGTON	1,050.	1,070.	2,278.	2,250.	3,147.
GEORGE RAPP, JR.	1,000.	1,350.	3,140.	2,000.	2,500.
GHEENS FOUNDATION	0.	0.	25,000.	0.	0.
HUMANA FOUNDATION	62,600.	0.	0.	0.	0.
JACK TRAWICK	0.	0.	0.	990.	769.
JEFFERY YUSSMAN	0.	1,688.	2,903.	0.	0.
JOHN LESTER	0.	0.	0.	784.	0.
JOHN TRAWICK	0.	0.	575.	0.	0.
KATHLEEN COGAN	0.	0.	0.	95.	100.
MARIE DEVER	1,725.	1,000.	175.	0.	0.
MEREDITH BROWN	3,400.	11,423.	5,000.	0.	0.
MICHAEL AND AUDREY PATTERSON	0.	0.	0.	47.	128.
NANCY NEILL	175.	100.	0.	0.	0.
Total to Schedule A, Part III, Line 7a					

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
PAUL COOMES	500.	1,000.	1,500.	0.	0.
RALPH & CISSY MILLS	12,570.	12,182.	9,000.	0.	0.
RICH FREEMAN	0.	2,000.	510.	520.	1,269.
RO BYRD	0.	0.	0.	48.	1,800.
ROSMOND DOLEN	0.	0.	0.	100.	400.
SANDRA FRAZIER	5,000.	5,000.	5,000.	0.	0.
SERRITA BELL	0.	0.	0.	0.	26.
STEVE KERRICK	110.	0.	1,595.	2,950.	4,100.
TODD ASSET MANAGEMENT	25,000.	25,000.	10,600.	0.	0.
RIF EL-MALLAKH	0.	0.	0.	0.	200.
JOSH LESTER	0.	0.	0.	0.	167.
ALFRED AND MARGARET SPOTTS	0.	0.	0.	0.	1,410.
Total to Schedule A, Part III, Line 7a	157,847.	112,168.	137,784.	22,736.	21,857.

023172 04-01-20

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

2020

Employer identification number

3	1	_	1	n	2	n	n	2	3
-	÷		÷.	v	4	v	v	~	J

WELLSPRING,	INC
HTTTOL KTHO	T110

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-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 covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For 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 contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

WELLSPRING, INC.

31-1020023

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SANDRA A FRAZIER 1293 CHEROKEE RD. LOUISVILLE, KY 40204	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RALPH & CISSY MILLS 8 HAWTHORNE HILL LOUISVILLE, KY 40204	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WILLIAM ALDEN JR. 440 LIGHTFOOT RD LOUISVILLE, KY 40207	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHURCHILL DOWNS 700 CENTRAL AVE. LOUISVILLE, KY 40208	\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MEREDITH BROWN 614 CLUB LANE LOUISVILLE, KY 40207-1409	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TODD ASSET MANAGEMENT 101 SOUTH FIFTH ST #3160 LOUISVILLE, KY 40202	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

31-1020023

WELLSPRING, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ELMORE AND CISSIE WILLETS 11105 OWL CREEK LN ANCHORAGE, KY 40223-2438	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WAVE BUSINESS FIRST 462 SOUTH 4TH STREET #450 LOUISVILLE, KY 40202	\$20,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANTHONY AND DEBRA GAMBOA 4524 IVY CREST CIR. LOUISVILLE, KY 40241-6436	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN AND SHERRY SWIGART 14024 NW EAGLERIDGE LN. PORTLAND, OR 97229	\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WILLIAM ALDEN III 129 N HITE AVE #2 LOUISVILLE, KY 40206	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JOSEPHINE HANSON 1720 SCENIC AVE FREELAND, WA 98249	\$ <u>11,149.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

Name of organization				
WELLSPRING, INC.			31-1020023	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	SMALL BUSINESS ADMINISTRATION 600 DR. MARTIN LUTHER KING PLACE, SUITE 188 LOUISVILLE, KY 40202	\$633,100	\$633,100. Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	WILLIAM AND ANITA WRIGHT <u>358 MOORING LINE DRIVE</u> NAPLES, FL 34102	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	MARY KOHLER	_	Person X Payroll	
	139 SAGAMORE RD	\$ 5,000		

	155 BAGAMORE RD	\$	
	LOUISVILLE, KY 40207		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	HUMANA		Person X Payroll
	325 W MAIN STREET	\$ 5,000.	Noncash
	LOUISVILLE, KY 40202		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17	FAIRLEIGH AND ABBY LUSSKY		Person X Payroll
	26 BROWNSBORO HILL ROAD	\$ 7,541.	Noncash
	LOUISVILLE, KY 40207		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	THE MILDRED V. HORN FOUNDATION		Person X Payroll
	2028 SOUTH HIGHWAY 53 SUITE 3	\$ 5,000.	Noncash
	LA GRANGE, KY 40031		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

WELLSPRING, INC.

31-1020023

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	ANONYMOUS C/O COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN STREET SUITE 1110 LOUISVILLE, KY 40202	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4		Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 99	0-PF) (2020)
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Name of organization

Employer identification number

31-1020023

WELLSPRING, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Property (see instructions). Use duplicate copies of Pa	art if if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	VENUE DONATION		
		\$10,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	ADVERTISING AND EMCEE SERVICES		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization			Employer identification number	
WELLSI	PRING, INC.			31-1020023	
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations) that total more than \$1,000 for the yea	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I					
-		(e) Transfer of g	 ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
F		(e) Transfer of g	ift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
ľ	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of g	 ift		
-	Transferee's name, address, a			ansferor to transferee	

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. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number
21 1000000

	WELLSPRING, INC.	31-1020023							
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r 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								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds							
	are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use								
	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							
Pa									
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,							
-		istorically important land area							
		ertified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	a conservation easement on the last							
_	day of the tax year.	Held at the End of the Tax Year							
а	Total number of conservation easements	2a							
b	Total acreage restricted by conservation easements								
c	Number of conservation easements on a certified historic structure included in (a)								
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure								
	listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or								
-	year								
4	Number of states where property subject to conservation easement is located								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of								
-	violations, and enforcement of the conservation easements it holds?	Yes No							
6									
-	• • • • • • • • • • • • • • • • • • •								
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	h easements during the year							
	► \$	5,							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement								
	organization's accounting for conservation easements.								
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted under FASB 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 furth	erance 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 FASB ASC 958, to report in its revenue statement and bal	ance 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	N A							
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga								
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	· ·							
а	Revenue included on Form 990, Part VIII, line 1	▶ \$							

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Schedule D (Form 990) 2020

\$

Sche	dule D (Form 990) 2020 WELLSPR	ING, INC.				31	-10	20023	Pa	ige 2		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	[·] Othe	r Similar	Asse	ts (contin	ued)			
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that r	make si	gnificant use	e of its					
	collection items (check all that apply):											
а	Public exhibition	d		hange program	۱							
b	Scholarly research	е	Other									
с	Preservation for future generations	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar	assets		-		,		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	'es" on F	Form 990, P	art IV,	line 9, or				
	reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodi							-		1		
	on Form 990, Part X?						L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:									
								Amount				
	Beginning balance											
	Additions during the year											
e	Distributions during the year											
t	Ending balance					1f						
	Did the organization include an amount on Fe					• • • • • • • • • • • • • • • • • • • •		Yes		No		
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in					<u></u> n				1		
1 41		(a) Current year	(b) Prior year	(c) Two years		d) Three years	s back	(e) Four	Voare	hack		
10	Paginning of year balance	400,751.	409,298.	., ,		-	,560.		,			
	Beginning of year balance	400,751.	405,250.	±10,	025.	550	, 500.	. 365,967				
	Contributions	121,195.	10,337.	16	714.	28,094		. 49,06		061		
	Net investment earnings, gains, and losses Grants or scholarships	121,195.	10,557.	10,	/ = = .	20,054			ч у ,			
	Other expenditures for facilities											
e		19,194.	18,884.	17	445.	16,625		. 16,468		468		
f	Administrative expenses			,		10,02		,				
g	End of year balance	502,752.	400,751.	409	298.	410	,029.		398,	560.		
2	Provide the estimated percentage of the curr		,	,			,•		,			
- a	Board designated or quasi-endowment	one your one baland	%									
b	Permanent endowment 100	%	_,.									
		/ °										
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	d for th	e organizati	on					
	by:	Ū				•			Yes	No		
	(i) Unrelated organizations							3a(i)	X			
	(ii) Related organizations							3a(ii)		Х		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b				
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.									
Par	t VI Land, Buildings, and Equipm	ent.										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, I	Part X, I	ine 10.						
	Description of property	(a) Cost or of basis (investm		., .,		Accumulated epreciation		(d) Book value				
1a	Land		38	6,780.				386				
	Buildings			3,900.	2,5	37,050	•	1,316	, 85	50.		
	Leasehold improvements											
	Equipment		67	5,181.	5	76,143	•	99	,03	38.		
	Other											
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			•	1,802	2,66	58.		

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(2) 20011 10100		
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV lin	a 11d See Form 000 Part V line 15	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN RE		OWMENT	502,752
(4)			502,752
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) T 1 (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	45)		502,752
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		JUZ,/JZ
	on Form 000 Dart IV lin	a 11a ar 11f. Saa Farm 000. Part V. lina 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, III	e The or Thi. See Form 990, Part A, inte 25.	(b) Book value
··· ·· · ·			
(1) Federal income taxes (2) SECURITY AND RESIDENT DEPO			4,946
	09119		55,761
			55,701
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25.)		60 707
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 25.)		60,707.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2020 WELLSPRING, INC.			31-	1020023	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	6,512	,296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	_ 2 b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d	190,760.			
е	Add lines 2a through 2d			2e		,760.
3	Subtract line 2e from line 1			3	6,321	,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	82,743.			
с	Add lines 4a and 4b			4c		,743.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,404	,279.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	5,661	,2/5.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)		70,512.			-10
е	Add lines 2a through 2d			2e		,512.
3	Subtract line 2e from line 1			3	5,590	,763.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	. 4b	82,743.			F 4 0
С	Add lines 4a and 4b			4c		,743.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	5,673	,506.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF BENEFICIAL INTERESTS IN
ASSETS HELD BY THE COMMUNITY FOUNDATION OF LOUISVILLE. THE BENEFICIAL
INTERESTS IN ASSETS HELD ARE COMPRISED OF GRANT FUNDS WHICH WERE
CONTRIBUTED TO THE COMMUNITY FOUNDATION OF LOUISVILLE FOR THE RIGHT TO
RECEIVE A GUARANTEED PERCENTAGE DISTRIBUTION OF FAIR MARKET VALUE OF THE
ENDOWMENT FUND QUARTERLY. THE ORGANIZATION DOES NOT HAVE INPUT OR
AUTHORITY OVER THE NATURE AND TYPE OF INVESTMENTS HELD IN THE FUNDS. THE
TRUSTEES OF THE COMMUNITY FOUNDATION OF LOUISVILLE HAVE SOLE DISCRETION
OVER THE INVESTMENTS AND THE AMOUNT AND TIMING OF DISTRIBUTIONS FROM THE
FUND. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS,
032054 12-01-20 Schedule D (Form 990) 2020

INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS

WELLSPRING, INC.

ALL FUNDS DISTRIBUTED OR MADE AVAILABLE FOR DISTRIBUTION UNDER THE AGREEMENT WITH LOUISVILLE COMMUNITY FOUNDATION, NET OF RELATED INVESTMENT EXPENSES, ARE INCLUDED WITH NET ASSETS WITH DONOR RESTRICTIONS. INCREASES OR DECREASES IN FAIR MARKET VALUE OF THE ENDOWMENT FUND INCREASE OR DECREASE NET ASSETS WITH DONOR RESTRICTIONS. EARNINGS ON THIS FUND ARE DISTRIBUTED QUARTERLY AND USED AS DETERMINED BY THE BOARD OF DIRECTORS.

PART X, LINE 2:

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

THE ORGANIZATION'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. THE ORGANIZATION HAS NO UNCERTIAN TAX POSITIONS RESULTING IN AN ACCRUAL OF A TAX EXPENSE OR BENEFIT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN BENEFICIAL INTEREST	120,248.
SPECIAL EVENT EXPENSES	70,512.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	190,760.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

MEDICAID RESERVE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

82,743.

WELLSPRING, INC. Part XIII Supplemental Information (continued)

SPECIAL EVENT EXPENSES

70,512.

82,743.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MEDICAID RESERVE

SCHEDULE G	Suppleme	ntal Informat	ion Regarding	j Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		or if the	2020	
Department of the Treasury Internal Revenue Service	•	-	ttach to Form 990						Open to Public Inspection	
Name of the organization		to www.irs.gov/	Form990 for Instr	uction	is and	the latest informat		Employer ide	entification number	
	WELLSPR	ING, INC.						31-1020		
	ing Activities, complete this par		organization answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not	
 a Mail solicitation b Internet and c Phone solicitation d In-person solicitation 2 a Did the organization key employees lister b If "Yes," list the 10 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events									
(i) Name and address or entity (fund		(ii) A	ctivity	fundi have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
Total										
3 List all states in white or licensing.	ch the organizatio	n is registered or	licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from r	egistration	

Schedule G (Form 990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 DERBY PREVIEW PART	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	200,518.			200,518
	2	Less: Contributions	39,000.			39,000
	3	Gross income (line 1 minus line 2)	161,518.			161,518
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	10,000.			10,000
-	7	Food and beverages	16,811.			16,811
		Entertainment				12 701
	9	Other direct expenses		·	、	43,701 70,512
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			•	91,006
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
	1	Gross revenue		bingo/progressive bingo		coi. (a) through coi. (c
	<u>1</u> 2	Gross revenue				
	3	Cash prizes				col. (a) through col. (c
	3 4	Cash prizes Noncash prizes Rent/facility costs				
-	3 4 5	Cash prizes		□ Yes% No	└── Yes% └── No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	Yes%	No	
	3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		└ Yes % └ No	□ No ►	
	3 4 5 6 7 8 Ent	Cash prizes	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	└── Yes% └── No	No ►	
a	3 4 5 6 7 8 Ent Is t Is t	Cash prizes	yes% No yh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	%%%% states?	No	Yes N

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 WELLSPRING, INC. 31	-1020	0023	Page 3
	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	🖂	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a	1	%
	An outside facility)	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
L	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
Ľ				
	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:			
, c	in res, entername and address of the tillid party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?	L	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	I Part III,	lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Part IV	Supplemental Information (continued)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2020 Open to Public Inspection

Employer identification number

31-1020023

Name of the	organization
-------------	--------------

WELLSPRING, INC.

Pa	TT Types of Property				
		(a)	(b) Number of	(c) Noncash contribution	(d) Mothod of determining
		Check if applicable		amounts reported on	Method of determining noncash contribution amounts
		applicable		Form 990, Part VIII, line 1g	honcash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (ADVERTISING)	X	0	25,000.	
26	Other (VENUE)	X	0		
27	Other (PROGRAM)	X	0		
28	Other (INVITATIONS)	X	0	2,000.	₩.₩∧
29	Number of Forms 8283 received by the organized				
	for which the organization completed Form 828	83, Part V, D	Donee Acknowledg	ement 29	I
					Yes No

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that	tit		
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?			X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (Fori	n 990)) 2020

31-1020023 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Employer identification number 31-1020023

OMB No 1545-0047

WELLSPRING, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY HOUSING AND REHABILITATION SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PSYCHIATRIC EMERGENCY ROOM, HOSPITALS, OUTPATIENT PROVIDERS, FAMILIES,

AND OTHER COMMUNITY RESOURCES FOR REFERRALS, DIVERTING 90% FROM

HOSPITALS. IN 2020, OUR ACCREDITION WAS EXTENDED FOR ANOTHER THREE-YEAR

TERM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WELLSPRING'S SUPPORTED EMPLOYMENT PROGRAM IS BASED ON AN EVIDENCED

BASED

MODEL CALLED IPS OR INDIVIDUAL PLACEMENT & SUPPORT THAT WAS DEVELOPED

AT DARTMOUTH COLLEGE. THIS APPROACH FOCUSES ON HELPING CLIENTS TO

DEVELOP EMPLOYMENT GOALS THAT TRULY REFLECT THEIR INTERESTS, VALUES,

SKILLS, AND EXPERIENCES AND SEEKS TO HELP THESE CLIENTS FIND

COMPETITIVE EMPLOYMENT THAT ALIGNS WITH THEIR GOALS

EXPENSES \$ 103,095. INCLUDING GRANTS OF \$ 0. REVENUE \$ 49,265.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO AND CEO OF THE ORGANIZATION PREPARE A SUMMARY OF THE 990. THIS

SUMMARY IS ATTACHED TO THE 990 AND SENT TO THE BOARD OF DIRECTORS TO REVIEW

PRIOR TO THE FILING DEADLINE. THE BOARD OF DIRECTORS IS ENCOURAGED TO

REVIEW THE 990 IN DETAIL. ANY QUESTIONS OR CONCERNS THAT BOARD MEMBERS MAY

HAVE ON THE 990 ARE ANSWERED BY THE CFO AND THE CEO.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND BOARD MEMBERS OF THE ORGANIZATION ARE REQUIRED TO DISCLOSE

ANNUALLY ALL CONFLICTS OF INTEREST. THE ORGANIZATION ALSO DOCUMENTS ANY

POTENTIAL CONFLICTS OF INTEREST IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINES THE ANNUAL RAISES FOR ALL EMPLOYEES AND OFFICERS. THE RAISES ARE DETERMINED USING A CALCULATION STARTING WITH A FLAT PERCENTAGE INCREASE ACROSS THE BOARD AND THEN ADJUSTED BASED ON STAFF POSITION AND PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THE ORGANIZATION'S ANNUAL REPORT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN RESTRICTED ENDOWMENT

120,250.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.

PO	BOX	1927

PO BOX 1927

PO BOX 1927

PO BOX 1927

LOUISVILLE, KY 40201

LOUISVILLE, KY 40201

LOUISVILLE, KY 40201

LOUISVILLE KY 40201

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

Name, address, and EIN

of related organization

AMITY APARTMENTS, INC. - 61-1121090

SPECIALIZED HOUSING, INC. - 31-1071152

PATRICK HENRY APARTMENTS, INC. - 61-1197663

CLOVER HILL APARTMENTS, INC. - 61-1175674

Related Organizations and Unrelated Partnerships

anization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE R

WELLSPRING, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Primary activity

PROVIDE APARTMENTS FOR

PROVIDE APARTMENTS FOR

PROVIDE APARTMENTS FOR

PROVIDE APARTMENTS FOR

PERSONS WITH MENTAL

PERSONS WITH MENTAL

PERSONS WITH MENTAL

PERSONS WITH MENTAL

ILLNESS

ILLNESS

TLUNESS

ILLNESS

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total incon	ne End-of-year a		ontrolling tity
Identification of Related Tax-Exempt Organizat	tions. Complete if the organization a	Inswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more related tax-exe	mpt
organizations during the tax year.						
(a)	(b)	(c)	(d)	(e)	(f)	(g Section 5

Legal domicile (state or

foreign country)

KENTUCKY

KENTUCKY

KENTUCKY

KENTUCKY

Exempt Code

section

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

Public charity

status (if section

501(c)(3))

LINE 11

LINE 11

LINE 11

LINE 11

Direct controlling

entity

WELLSPRING, INC

WELLSPRING, INC

WELLSPRING, INC

WELLSPRING INC

(Form 990)	Complete if the orga

OMB No. 1545-0047

Inspection

Employer identification number 31-1020023



Schedule R (Form 990) 2020

controlled

entity?

No

Х

Х

х

Х

Yes

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
WELLSPRING BRIDGE APARTMENTS, INC	PROVIDE APARTMENTS FOR						
20-8284525, PO BOX 1927, LOUISVILLE, KY	PERSONS WITH MENTAL						
40201	ILLNESS	KENTUCKY	501(C)(3)	LINE 11	WELLSPRING, INC		X
WELLSPRING TONINI APARTMENTS, INC	PROVIDE APARTMENTS FOR						
45-2943885, PO BOX 1927, LOUISVILLE, KY	PERSONS WITH MENTAL						
40201	ILLNESS	KENTUCKY	501(C)(3)	LINE 11	WELLSPRING, INC		X
							<u> </u>
	_						
							
							<u> </u>

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	(g)	(ł	ו)	(i)		(j)		k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomir (related, excluded fr sections	nant income unrelated, om tax under 512-514)	Share inc	of total come	end-o	re of of-year sets	Dispropo alloca Yes		Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ^m	anaging artner?		nta rsh
ELLSPRING TONINI APARTMENTS																
LLLP - 45-4419828, 1000																
AST LIBERTY STREET,	AFFORDABLE															
DUISVILLE, KY 40204	HOUSING	KY	N/A	N/A							x	N/A		x		
	_															
	-															
]													_		
	_															
	-															
	_															
	-															
Part IV Identification of Related O organizations treated as a cr (a)	rganizations Taxable a orporation or trust durin	as a Corp	oration or Trust. C year. (b)	omplete if t	he organizat (d)	ion ansv	vered "Yes		m 990, Pa		line 34	1, because it h		e or m		
Name, address, and of related organizati		Prim	nary activity	Legal domicile (state or	Direct cont entity	trolling /	Type of (C corp, S	entity S corp,	Share o inco	f total		Share of end-of-year	Perce			b)(13 rolle
				foreign country)			or tru	st)				assets			Yes	<u> </u>
											+					┝
																\vdash
																I.

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X					
	Gift, grant, or capital contribution to related organization(s)	1b		X					
	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d		Х					
	Loans or loan guarantees by related organization(s)	1e		Х					
f	Dividends from related organization(s)	1f	ſ	X					
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	1	Х					
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X					
	Sharing of paid employees with related organization(s)	10		X					
р	Reimbursement paid to related organization(s) for expenses	1p		X					
	Reimbursement paid by related organization(s) for expenses	1q	X						
r	Other transfer of cash or property to related organization(s)	1r	Х						
s	Other transfer of cash or property from related organization(s)	1s	Х						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(3)			
<u>(4)</u>			
(5)			
_(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o	(g) Share of end-of-year assets	(h Dispro tion allocati) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	al or F ging er?	(k) Percentage ownership

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WELLSPRING, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.