Wellspring Living, Inc.

Public Inspection Copy For the Year Ended December 31, 2022

TAX RETURNS



WELLSPRING LIVING, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395 ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Payment/Deposit Information Report

Taxpayer Name: WELLSPRING LIVING, INC.

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
				1		

-orm 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

	for a Tax Exempt Entity		
		ing	2022
For calendary eer 2022, or fical yeer beginning		tion.	
Name of filer		EIN or SSN	
		58-261	4182
		amount if any from the	ne return Form 8038
	-		
		ered -0- on the return, t	then enter -0- on the
			12221040
			13231848.
5a Form 8868 check			
6a Form 990-T check	here b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check			
			ect to (name
of entity)			
		•	•
3			
· · · · ·			
-		•	
PIN: check one box only			
X I authorize			2 as my signature
	ERO firm name	Enter five numbers do not enter all ze	
agency(ies) regul	ating charities as part of the IRS Fed/State program, I also authorize the		
		, signature on the tax w	ar 2022 alastronias!
Signature of officer or person	subject to tax Date	11/15/2023	3
Part III Certificati	on and Authentication	, , , , ,	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed b		2 0 7 4 ros	
am submitting this retu	n in accordance with the requirements of Pub. 4163, Modernized e-Fi		
ERO's signature		11/15/2023	}
For Privacy Act and Pan			Form 8879-TE (2022
JSA 2X3008 2.000			
:>>008 2.000		עסר	
0817PW 9	242 11 P15/2023 C4!NSPECTION 42/6	ノニー	

Form	9	9	0
Departm	nent o	f the	Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

		enue Servie						n about Fo	rm 990	and its	s instruction				/form	990.			nspectio	on
AF	or th	e 2022	calence	dar year	r, or ta	ax ye	ar beg	inning				а	nd end	ling	_					
D			C Name	of organiz	ation										DE	Employer	identif	ication nur	nber	
вс	heck if ap	oplicable:	WE	LLSPRI	ING I	IVI	NG, I	INC.												
	Addre chang		Doing I	Business A	١s											5	8-26	514182		
	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1040 BOULEVARD SE SUITE M Room/suite										•	EI	Felephone	numb	er					
													(404)	948-4	673				
	Termi	inated	City or	town, sta	te or pr	ovince,	country	, and ZIP or f	oreign p	ostal cod	e									
	Amen return		ATI	LANTA,	GA	303	12								G	Gross rece	eipts \$	13,5	90,42	. 8
	Applic pendi	cation ing	F Name	and addre	ess of pi	rincipal	officer:	CHR	ISTI	AN MU	JRPHY				H(a)	Is this a g subordina		urn for] Yes [X No
			104	10 BOU	JLEVA	RD	SE SU	JITE M,	ATL	ANTA,	GA 30	312			H(b)	Are all sub		included?	Yes	No
<u> </u>	Tax-ex	empt sta	tus:	X 501(c)(3)		501(c) () ┥	(insert n	o.)	4947(a)(1) or	5	527		If "No," at	ttach a li	st. (see instru	uctions)	
J	Websi	ite: 🕨	WWW.	WELLSP	RING	LIV	ING.C	ORG					_		H(c)	Group ex	emption	number 🕨		
К	Form o	of organi	zation:	X Corpo	oration	Ti	ust	Associatio	n	Other	►		L Year	of forma	tion: 🕻	2001	I State	e of legal d	omicile:	GA
P	art I	Sun	nmary																	
	1	Briefly	describ	e the org	anizati	on's m	nission	or most sig	nificant	activitie	s: TRA	NSF	ORMIN	G_LIV	ES_	OF_TH	OSE	AT RIS	<u>sk or</u>	·
e		VICT	IMIZE	D_BY_	SEXU	AL E	XPLC	DITATIO	N											
nan				<u></u>																
Governance	2		this box			•		discontinu		•	•									
ğ	3	Numbe	er of voti	ng meml	bers of	the g	overnin	ig body (Par	t VI, lin	e 1a) _							3			24
ŝ	4							f the govern												24
Activities &								alendar year									5			189
cti	6	Total n	umber o	of volunte	ers (es	timate	if nece	essary)									6			719
◄								VIII, columr									7a			
	b	Net un	related	ousiness	taxabl	e inco	ne fron	n Form 990	-T, line	34				<u></u>			7b			NONE
																or Year			rent Yea	
e		Contrik	outions a	nd grants	s (Part	VIII, lir	ne 1h)				CC	OPY F	OB	ר	8,725,890.				,039,	
Revenue	9	Progra	m servio	e revenu	e (Part	VIII, li	ne 2g)							J	1,150,829.				,461,	
Re		PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									,972.									
	11															546,				827.
	12							st equal Pa							10,	,445,			,231,	
	13							olumn (A), li									NONE		477,	659.
	14		fits paid to or for members (Part IX, column (A), line 4) ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								NONE					NONE				
ses	15														5,264,301.				<u>,620,</u>	
Expenses								nn (A), line							NONE				261,	283.
Ä								(D), line 25								270	100		170	
								11a-11d, 11				• •		•		<u>,379,</u>			<u>,170,</u>	
								al Part IX, c				• •		•		,643,4			<u>,530,</u>	
28	19	Reven	ue less	expenses	s. Sudi	act IIn		om line 12 _				• •				, 802 , 3 of Curren			<u>,701,</u> d of Year	
Net Assets or Fund Balances	20	Total a	ecoto /P	art X, line	16)										-	, 433, S				
Asse Bala	20 21		``	(Part X, Ine	· •									•	5	286,		10	<u>,337,</u>	442.
net /	22			•	,			21 from line						•	5	,146,		9	,744,	
	rt II		nature		inces.	Subila			20.			• •		•	5,	,140,	000.		, / ,	<u> </u>
		- 3			that I h	ave exa	amined	this return, ir	ncludina	accom	panving sch	edules	and stat	ements.	and to	the best	of my	knowledge	and be	lief. it is
true	e, corre	ect, and c	complete.	Declaratio	on of pre	eparer (other th	an officer) is	based o	n all info	rmation of v	which	preparer	has any k	nowle	dge.	,			
																11	/15/	2023		
Sig	n		Signature	of officer												Date	/ 15/	2025		
He	re	MARY	FRAN	ICES B	OWLE	Y					EXEC	ידדו	VE DI	RECTO	R					
		·		rint name a								011								
			<u>, , , , , , , , , , , , , , , , , , , </u>	arer's nam				Preparer's	s signatu	ıre			Date		1	Check	if	PTIN		
Paic		MARC	A AZ	AR				Ma	n	Δ	. 0-	un	11/1	5/202	23	self-empl		P9173	9349	
	parer	Firm's			сн г	ном	ARD	ADVISOR	Y. T.	LC	Y		/ 1	5,202	1 1	's EIN 🕨		92-0749		
Use	Only		address					W SUITE 16			GA 30363				-	ne no.		104-874		4
May	the II	1						wn above?			(a)								/es	No
						<u> </u>		ate instruct			<u> </u>								rm 990	

Fc	orm 990 (2022)	Page 2
F	Part 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:	
	TRANSFORMING LIVES OF THOSE AT RISK OR VICTIMIZED BY SEXUAL	
	EXPLOITATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X 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	

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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.

a (Code:) (Expenses \$	3,509,777. including grants of \$	358,244.) (Revenue \$	1,086,996.)
FOR	YOUTH: GIRLS' RESID	ENTIAL PROGRAM (AGES 12-1	7): PROVIDING	
TRA	JMA-INFORMED CARE TO	SURVIVORS OF DOMESTIC MI	NOR SEX	
TRA	FFICKING (DMST) IN T	HE SERVICE OF PHYSICAL, E	MOTIONAL AND	
SPI	RITUAL RESTORATION.	OMST IS THE COMMERICAL SE	XUAL EXPLOITATION	
OF 2	AMERICAN CHILDREN WI	THIN U.S. BORDERS. IN A S	AFE RESIDENTIAL	
ENV	IRONMENT, EACH GIRL	IS ENCOURAGED TO SET PERS	ONAL GOALS IN HER	
THE	RAPY AND EDUCATION,	AND EACH IS SUPPORTED BY	STAFF AND	
VOL	UNTEERS THROUGHOUT H	ER JOURNEY OF HEALING.		
PLE	ASE SEE SCHEDULE O F	OR FURTHER DETAILS.		

4b	(Code:) (Expenses \$	1,169,925. in	cluding grants of \$	119,415.) (Revenue \$	362,332.)
	FOR WOMEN: WO	OMEN'S RESIDI	ENTIAL PROC	GRAM (AGES 18+)	: PROVIDING		
	TRAUMA-INFORM	MED CARE TO S	SURVIVORS (OF DOMESTIC SEX	TRAFFICKIN	IG AND	
	THOSE AT RISP	K WITH THE SI	ERVICE OF H	PHYSICAL, EMOTI	ONAL AND		
	SPIRITUAL RES	STORATION. TH	HIS PROGRAM	M IS AN INDEPEN	DENT LIVING	5	
	SETTING WHERE	E SURVIVORS (CAN LIVE AN	ND ENGAGE WITH	HEALTHY COM	IMUNITY	
	SUPPORT. ALL	PARTICIPANT	S RECEIVE H	EDUCATION, PERS	SONALIZED TH	IERAPY,	
	CAREER TRAIN	ING, SUPPORT	IVE COMMUN	ITY, FINANCIAL	MANAGEMENT,	AND	
	LIFE SKILLS	INSTRUCTION (OFF-SITE AT	I THE WOMEN'S A	ACADEMY.		
	TRANSITIONAL	HOUSING AND	VOUCHERS A	ARE ALSO PROVII	ED FOR STEP	P-DOWN	
	SUPPORT.						

4c	(Code:) ((Expenses \$	1,169,92	5. including	grants of \$) (Revenue	\$	362,332.)
	FOR	COMMUNITY:	WOMEN'S	ACADEMY	(AGES 18+): THE WO	MEN'S ACA	ADEMY		
	OFFE	RS LIFE-CH	ANGING PI	ROGRAMMIN	G TO YOUN	G WOMEN V	VHO HAVE			
	EXPE	EXPERIENCED DIFFICULTY GAINING LIVING-WAGE EMPLOYMENT DUE TO LIFE								
	CIRC	UMSTANCES	SUCH AS 1	POVERTY,	SEXUAL AB	USE, AND	TRAFFICK	ING. THE		
	WOME	N'S ACADEM	Y OFFERS	AN INVAL	UABLE OPP	ORTUNITY	TO EQUIP	WOMEN IN		
	ATLA	NTA'S COMM	UNITIES 1	FOR SUCCE	SS!					
	PLEA	PLEASE SEE SCHEDULE O FOR FURTHER DETAILS.								
4d	Other p	rogram service	es (Describe	on Schedule	0.)					
	(Expens	ses \$	inclu	ding grants o	f \$) (R	evenue \$)	
4e	Total p	ogram service	expenses	5,	849,627.					
JSA 2E10	020 1.000	7PW 9242 1	11/15/202					OPY		Form 990 (2022)

Farth Checklist of Required Schedule 1 Is the organization described in section 501(c)(3) or 497(a)(1) (other than a private foundation)? // 'Yes' complete Schedule B. Schedule O. Contributors? See instructions . 1 2 Is the organization required to complete Schedule D. Cant Mutors? See instructions . 3 × 3 Section 501(c)(3) organization angle and titles on heads of or in opposition to candidates for public office? If 'Yes' complete Schedule C. Part I. 3 × 4 Section 501(c)(4) organization angle of (50) or 501(c)(6) or 501(c)(6) organization mathem complete Schedule D. C. Part I. 5 × 5 Is the organization astection fail or exercise situations? If 'Yes' complete Schedule D. Part I. 5 × 7 Did the organization mathem and yoon advised funds or any similar funds or accounts? If 'Yes' complete Schedule D. Part I. 6 × 7 We organization mathem onlised in Part X, ince 11, for escrew or outsofial account liability, serve as a ustoclain or amounts not likel in Part X, ince 12, for escrew or outsofial account liability, serve as a ustoclain or amounts not likel in Part X, ince 12, for escrew or outsofial account liability, serve as a ustoclain or amount not likel in Part X, ince 12, for escrew or outsofial account liability, serve as a ustoclain or amount not likel in Part X, ince 12, finat is 5% or more of at stable accesses reported in a mount for line bay and the organization accel reported in Part X, line 12, finat is 5% or more of at stable accesses reported in Part X, line 14, Vine 12, finat is 5% or more of at stable acstereported in Part X, line 1	-	90 (2022)		F	age 3			
1 In the organization described in section 501(c)(3) or 4847(a)(1) (other than a private foundation? If "Yes" complete Schedule A	Part	V Checklist of Required Schedules		Vee				
complete Schedule A 1 x 2 is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer II 'Yes', complete Schedule C, Part I. x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 x 5 Is the organization as ection 501(c)(4). 501(c)(5). or 501(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Rev. Proc. 98-107 I' 'Yes', complete Schedule C, Part II. 5 x 6 Did the organization maintain any donar advised funds or any similar funds or accounts for which donors have the right to provide addice on the distribution or investment of amounts in such funds or accounts II. 6 x. 7 Did the organization maintain celections of works of at, historical treasures, or other similar assels? If 'Yes', complete Schedule D, Part II. 7 x 8 Did the organization membership of the oldwing questions is 'Yes,'' then complete Schedule D, Part V. 9 x 9 Did the organization membership of the oldwing questions, is 'Yes,'' complete Schedule D, Part V. 9 x 10 Did the organization report an amount for lend, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 11 x 11	1	Is the organization described in section $501(c)(2)$ or $4047(c)(1)$ (other than a private foundation)? If "Vec."		res				
2 is the organization required to complete Schedule J. Schedule of Contributors? See instructions 2 X 3 Did the organization again get indext of indirect political comparign activities on behalf of or in opposition to candidates for public officar II "kes," complete Schedule C, Parl II. 3 X 4 Section St(c)(3) organization again activities on have a section St((1)). 5 Section St((2)). 5 X 5 Is the organization asset of St(c)(1). 5 (1). X Section St((1). 5 X 6 Dif the organization reserve of add acone the distribution or investiment of amounts in such finato a caccunts? II "Yes," complete Schedule D, Parl II. X 5 X 7 Dif the organization reserve or hold a conservation essement, including essements to preserve open space, the environment, histotic land areas, or historic structures? II "Yes," complete Schedule D, Parl II. 7 X 9 Dif the organization resport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X. 10 X 10 It de organization resport an amount for laws the right Park V. 10 X 11 It de organization resport an amount for investments-program related in Part X. 11	•		1	x				
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office If "Yes" complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in labylying activities, or have a section 501(h) election in effect of the schedule C, Part II. 5 Is the organization anisotication in Control (C)(5) or 501(c)(5) or 501(c)(5) or 501(c)(5) or 501(c)(5). 7 Did the organization maintain any domor adveed funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the environment, historical transcores that the environment, historical transcores that the environment, historical transcores three environment, historical transcores that the environment, historical transcores to provide ardive funds or a counsition of transcores the environment, historical transcores to provide ardive funds or accounts for the environment, historical transcore to provide ardive funds or a related organization mainten celections of works of art, historical transcores, or other similar asset? If Yes, complete Schedule D, Part IV. 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule D, Part VV, VI, VII, VII, VII, VII, VII, VII,	2							
candidates for public office? If "Yes" complete Schedule C, Part I 3 x 4 Section S01(c)(3) organizations. Did the organization again in lobbying activities, or have a section S01(c)(1), 501(c)(3), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-191 "Yes", complete Schedule C, Part II x 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes", complete Schedule C, Part II x 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes", complete Schedule D, Part II x 7 Did the organization maintain collections of works of art. historical treasures, or other similar asset? If "Yes", complete Schedule D, Part II x 8 Did the organization maintain collections of works of art. historical treasures, or other similar asset? If "Yes", complete Schedule D, Part II x 8 Did the organization and mount for looking questions is "Yes", then complete Schedule D, Part V, VI, VI, VI, VI, X, or X as applicable. 9 x 10 Did the organization report an amount for land. buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VI, VI, VI, X, or X as applicable. 10 x 11 If the organization report an amount for land. buildings, and equipment 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 X 111			_					
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c) 4 × 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rex Pros. 98-1971 "Yes," complete Schedule C, Part II. 5 × 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 II. 6 × 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 7 × 8 Did the organization interior to anown in Part X, line 21, for escrow or custodial account liability, serve as oustodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as oustodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as oustodian report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 9 × 10 the organization directive to any of the following questions is Yes," then complete Schedule D, Part V 11 X 11 of the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 'Yes," complete Schedule D,			3		Х			
5 Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessment, or similar amounts as defined in Rev Proc. 98: 1991 "Yes", complete Schedule D, Part II. 5 × 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised in the distribution or investment of amounts in such funds or accounts? If "Yes", complete Schedule D, Part II. 6 × 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 × 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, server as a custodian for amounts not listed in Part X, or provide crodit counseling, debt management, credit repair, or get the environs' answer to any of the following questions is "Yes", then complete Schedule D, Part V. 10 × 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, If "Yes," complete Schedule D, Part V. 11 × 11 Bit to capanization report an amount for investments-other securities in Part X, line 13, that is 5% or more of lis total assets reported in Part X, line 16? If "Yes", complete Schedule D, Part V. 11 × 12 Did the organization report an amount for investments-program related in Part X, line 16? If "Yes", complete Schedule D, Part X. 11 × 13 Did the organization report a	4							
 assessments, or similar amounts as defined in Rev. Proc. 98-197 // Yes," complete Schedule C, Part II. Did the organization maintain any donor any similar funds or accounts? If Yes," complete Schedule D, Part I,, 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. Did the organization maintain collections of works of art. Instorical treasures, or other similar assets? If Yes," complete Schedule D, Part II. Did the organization around in Part X, ine 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. Did the organization, directly or through a related organization, hold assets in donon-restricted endowments to Yes," then complete Schedule D, Part V, VII, VIII, X, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI. Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17 If Yes," complete Schedule D, Part VI. Did the organization report an amount for other assets in denome of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part VI. Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If Yes," complete Schedule D, Part X VI. Did the organization asset the envertee section Part X K. Did the organization asset section Part X VI. Did the organization asset envertee and threading statements for the tax ye		election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х			
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // '''''scale advice on the distribution or investment of amounts in such funds or accounts? // ''''''''''''''''''''''''''''''''''	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,						
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part I, 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, VI, VII, VII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VI, VII, VII, IX, or X, as applicable. Did the organization report an amount for investments-other securities 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 VI. Did the organization report an amount for other assets 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 VI. 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 X. 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 S								
"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? II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, neve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part V. 9 X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part VI. 10 X 11 If the organization report an amount for linestments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VI. 11a X 11 Did the organization report an amount for three assetions in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VI. 11b X 11 Did the organization report an amount for their liabilities in Part X, line 2, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part X. 11b <	6							
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12a Did the organization obtain separate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Parts XI and XII. 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization neored at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garegate grants or other assistance to or for any foreign individuals? 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 II and IV 15 X 17 X Did the organization report 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 II. 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 and 82? 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,	•		11f	x				
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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	20 a		20a					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
	21							
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Form 9	90 (2022)		F	Page 4
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			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
•••	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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		X
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 the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•••	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33		22		v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		v
25 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
		35a		
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	350		
30	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	57		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30	Λ	
r art	Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2022)

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 189			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 9	90 (2022	WELLSPRING LIVING, INC. 58-261	4182	F	Page 6
Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	i, and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 24			
	If ther	e 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 ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent			
2	Did ar	ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any ot	her officer, director, trustee, or key employee?	2	Х	
3	Did th	e organization delegate control over management duties customarily performed by or under the direct			
	superv	vision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the	organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the	e organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the	e organization have members or stockholders?	6		Х
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or	more members of the governing body?	7a		X
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members,			
	stockh	olders, or persons other than the governing body?	7b		Х
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
	the ye	ar by the following:			
а		overning body?	8a	Х	
b		committee with authority to act on behalf of the governing body?	8b	Х	
9	Is ther	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u>,</u>	X
Secti	on B. I	Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	Na
				res	No
		e organization have local chapters, branches, or affiliates?	10a		X
b		," did the organization have written policies and procedures governing the activities of such chapters,	104		
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.	10-	v	
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give	106	v	
		conflicts?	12b	Х	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	v	
		be on Schedule O how this was done	12c 13	X X	
13		e organization have a written whistleblower policy?	14	X	
14		e organization have a written document retention and destruction policy?	14	Λ	
15		e process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a		ganization's CEO, Executive Director, or top management official	15a	X	
b		officers or key employees of the organization	100	Λ	
16-		" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		х
h		taxable entity during the year?	Tou		
b		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		zation's exempt status with respect to such arrangements?	16b		
Secti		Disclosure	1.02		L
17		e states with which a copy of this Form 990 is required to be filedGA,			
17		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	 T (see	tion 5	01(2)
10	(3)s or	and solve requires an organization to make its Forms 1023 (1024 of 1024-A, if applicable), 990, and 990- aly) available for public inspection. Indicate how you made these available. Check all that apply. Dwn website X Another's website X Upon request O Other <i>(explain on Schedule O)</i>	1 (360	aon 0	51(6)
19		be on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	ect r	olicy
		ancial statements available to the public during the tax year.	inter	551 4	siloy,
20		the name, address, and telephone number of the person who possesses the organization's books and record	ds		
20		R STEWART 1040 BOULEVARD SE, SUITE M ATLANTA, GA 30312	.0		
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A)	(B)				C) sition			(D)	(E)	(F)
(A) Name and title	(Þ) Average	(do r	not cł			e than o	ne	(D) Reportable	(=) Reportable	(F) Estimated amount
	hours	· ·				is both		compensation	compensation	of other
	per week	office	er and	dad	lirect	or/trust	ee)	from the	from related	compensation
	(list any	or	Ins	Of	<u>К</u> е	Hi	Fo	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual t or director	stitut	Officer	y en	ghes	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ree t co	,			related organizations
	below	rust	ıl tru		/ee	mpe				
	dotted line)	ee	stee			Highest compensated employee				
						ed				
(1) AMBER STEWART	40.00	-								
CHIEF CULTURE & STRATEGY OFCR	NONE			Х				105,497.	NONE	3,136.
(2) MARY FRANCES BOWLEY	40.00	-								
EXECUTIVE DIRECTOR	NONE			Х				99,590.	NONE	823.
(3) CHRISTIAN MURPHY	40.00	-								
DEPUTY DIRECTOR	NONE			Х				58,496.	NONE	5,137.
(4) ANITA LANCASTER	40.00	-								
CHIEF FINANCIAL OFFICER	NONE			Х				37,630.	NONE	3,114.
(5) ANGELA FRANKLIN	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(6) DEB THOMPSON	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) DIONYSIA JOHNSON-MASSIE	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) EVIA GOLDE	2.00	-								
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) GARY PRICE	2.00	-								
TREASURER, FINANCE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) HEATHER LIVELY	2.00	-								
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(11) JASON GABY	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) JENNIFER HALE	2.00	-								
BOARD MEMBER AT LARGE	NONE	Х						NONE	NONE	NONE
(13) JESSICA GABY	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) JONATHAN LIVELY	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	
										Form 990 (2022)

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Part VII Section A. Officers, Directors		;y ⊑⊓	ipio			anui	ngi	•	· · · · · ·	,
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do i	not cł		ition more	e than c	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unles	s pe	rson	is both	an	from	related	other
	hours for					or/trust	1	the	organizations	compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15. 1900000 500			Ø			Ited				
15) LASHONDA FOY	2.00_								NONE	1017
BOARD MEMBER	NONE	Х						NONE	NONE	NON
16) LEONCE B. CRUMP JR. BOARD MEMBER	2.00_ NONE	x						NONE	NONE	NON
17) LORETTA ZIMMERMANN	2.00	^						NONE	NOINE	NON
SECRETARY	NONE	х		Х				NONE	NONE	NON
18) SONJA TEAGUE	2.00							none	Ronz	
BOARD MEMBER	NONE	х						NONE	NONE	NON
19) STEFOND HARRIS	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
20) TRICIA HOLDER	2.00									
DEVELOPMENT CHAIR	NONE	Х						NONE	NONE	NON
21) PETER COFFMAN	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NON
22) MARY VIRGINIA COFFMAN	2.00_	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NON
23) JORDAN BRUNSON	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NON
24) LISA BRUNSON	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NON
25) CHANDRA MOORE	2.00_ NONE	v								NTONT
BOARD MEMBER		Х						NONE 301,213.	NONE NONE	NON 12,210
1b Sub-total c Total from continuation sheets to Part	VII Section A	• • •	• • •	• •	• •	• • •				
d Total (add lines 1b and 1c)	-				• •	• • •		301,213.	NONE	12,210

reportable compensation from the organization **>** 1

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

3

4

5

(A) Name and title	(B) Average hours per week (list any hours for	box, office	ot ch unless r and	s per a di	tion more ti son is rector	han on both a	n e)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) MATTHEW & DAWN BROMS	2.00									
BOARD MEMBER	NONE	Х					_	NONE	NON	E NON
27)_ALIAH_SUMMERS 30ARD_MEMBER	2.00 NONE	x						NONE	NON	e non
Ib Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	<u></u>				•••				¢400.000 -£	
 Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> 	n ► er, directo	or, or	trus	stee	e, ke	ey en	nple	oyee, or highes	compensated	Yes No 3 2
For any individual listed on line 1a, is the so organization and related organizations greated individual	sum of rep eater than	ortab \$15	le co 0,00	omp)0?	oens: <i>If</i>	ation <i>"Yes,"</i>	an <i>°c</i>	d other compens complete Schedu	sation from the <i>le J for such</i>	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	n fi	rom	any u	unre	elated organizatio	on or individual	5 ×
Section B. Independent Contractors										-
I Complete this table for your five highest com compensation from the organization. Report c year.										
(A) SEE SCHEDULE O Name and business add	ress							(B) Description of se	rvices	(C) Compensation
2 Total number of independent contractors (ir	oluding to	14 10 04	line	itor	ta	thest	, lie	tod abovo) whe	received	
A LUCE DURING OF INCOMPANY CONTRACTORS (IF	ICHUMINA DI	JL 1101	um	ned	I I O I	LIIOSE	; IIS	sted above) Who	received	

Form	990	(2022)
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 Check if Schedule O contains a response or note to any line in this Part VIII

 (A)
 (B)
 (C)
 (D)

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a	80,787.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 11 1b					
ΩĔ	c	Fundraising events 1 c	527,653.				
fts,	d	Related organizations					
igi	e	Government grants (contributions) 1e	3,641,257.				
Sir,	f	All other contributions, gifts, grants,					
₹i G	'	and similar amounts not included above 1	6,789,865.				
Ţp		Noncash contributions included in					
Ē	g	lines 1a-1f	488,659.				
and	h		· · · · ·	11 020 562			
<u> </u>	n	Total. Add lines 1a-1f	Business Code	11,039,562.			
Ð			Busiliess Code	1 4 61 4 07	1 4 61 407		
Program Service Revenue	2a	RESIDENTIAL PROGRAM INCOME		1,461,487.	1,461,487.		
Ser	b						
ž –	c						
Je a	d						
5 L	е						
٩	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,461,487.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		5,972.			5,972
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		378.			378
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
0	ь	Less: cost or other basis					
her Revenue							
evel							
Ве		Gain or (loss) 7c		NONE			
ler	d	Net gain or (loss)		NONE			
đ	8a	C C					
•		events (not including \$527,653.					
		of contributions reported on line					
		1c). See Part IV, line 18	464,319.				
	b	Less: direct expenses 8b	90,043.				
	c	Net income or (loss) from fundraising events		374,276.			374,276
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	580,885.				
	b	Less: cost of goods sold	268,537.				
	c	Net income or (loss) from sales of inventory		312,348.	312,348.		
s		÷	Business Code				
Miscellaneous Revenue	11a	OTHER INCOME		37,825.	37,825.		
nu(,			1
slls	b						1
Sca	c d	All other revenue					+
ž			L	37,825.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions			1 011 660		200 606
JSA	14			13,231,848.	1,811,660.		380,626 Form 990 (2022
	1 1.000 0 8	, 17PW 9242 11/15/2023 14:04:5		ECT ₆ ION	COPY		Form 330 (2022

(A) Total expenses NONE 477,659. NONE NONE 311,775. NONE	in this Part IX (B) Program service expenses 477,659. 225,101.	(C) Management and general expenses	(D) Fundraising expenses
NONE 477,659. NONE NONE 311,775. NONE	Program service expenses 477,659.	Managèment and general expenses	Fundraising expenses
477,659. NONE NONE 311,775. NONE	477,659.		
477,659. NONE NONE 311,775. NONE		85,827.	847
NONE NONE 311,775. NONE		85,827.	847
NONE NONE 311,775. NONE		85,827.	847
NONE 311,775. NONE	225,101.	85,827.	84
NONE 311,775. NONE	225,101.	85,827.	84
NONE 311,775. NONE	225,101.	85,827.	84
311,775. NONE	225,101.	85,827.	84
NONE	225,101.	85,827.	
NONE	225,101.	85,827.	84
/ / 1 6 677 /	2 /12 520	1 200 552	11 /01
			11,48
55,501.	23,122.	±± , 599.	500
147 005	98 231	47 200	1,574
			84
110,011.		/2/111.	01
NONE			
	3,155.	2,761.	1,00
	.,		,
		,	
261,283.			261,283
NONE			
720,368.	408,521.	311,847.	NOI
42,806.	6,373.	36,433.	
75,008.	18,669.	51,979.	4,360
87 , 976.	40,107.	35,104.	12,76
NONE			
608,058.	462,458.	141,667.	3,933
109,744.	48,780.	60,746.	218
NONE			
		362.	
58,814.	55,430.	3,384.	
207 100	0.07 1.00		
		1 750	
21,000.	22,841.	4,/59.	
8 530 075	5 810 627	2 301 750	298,698
0,000,070.	5,049,027.	2,301,730.	290,098
	4,715,577. 35,501. 147,005. 410,811. NONE 6,920. 138,383. NONE 261,283. NONE 720,368. 42,806. 75,008. 87,976. NONE 608,058. 109,744.	4,715,577. 3,413,539. 35,501. 23,722. 147,005. 98,231. 410,811. 337,851. NONE 3,155. 138,383. 0 NONE 261,283. NONE 0 720,368. 408,521. 42,806. 6,373. 75,008. 18,669. 87,976. 40,107. NONE 0 608,058. 462,458. 109,744. 48,780. NONE 362. NONE 362. NONE 362. 207,190. 207,190. 207,190. 207,190. 207,190. 22,841.	4,715,577. 3,413,539. 1,290,553. 35,501. 23,722. 11,399. 147,005. 98,231. 47,200. 410,811. 337,851. 72,111. NONE

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following SOP 98-2 (ASC 958-720)

m 990 (art X			Page 1
artA	Check if Schedule O contains a response or note to any line in this Pa	art X	x
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	2,712,378. 1	4,130,545
2	Savings and temporary cash investments.	NONE 2	NO
3	Pledges and grants receivable, net	NONE 3	NO
4	Accounts receivable, net	1,298,772. 4	4,479,87
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	NONE 5	NO
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).	NONE 6	NO
7	Notes and loans receivable, net	NONE 7	NO
7 8	Inventories for sale or use	21,103. 8	21,10
9	Prepaid expenses and deferred charges SEE SCHEDULE .Q.	NONE 9	12,05
-	Land, buildings, and equipment: cost or other		12,00
	basis. Complete Part VI of Schedule D 10a 2, 251, 373.		
b	Less: accumulated depreciation	1,289,201.10c	1,217,46
11	Investments - publicly traded securities	96,096. 11	171,82
12	Investments - other securities. See Part IV, line 11	NONE 12	1/1/02 NC
13	Investments - program-related. See Part IV, line 11.	NONE 12	NC
14	Intangible assets	NONE 13	NC
15	Other assets. See Part IV, line 11	16,000. 15	304,52
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,433,550. 16	10,337,39
17	Accounts payable and accrued expenses	286,870. 17	283,57
18	Grants payable	NONE 18	NC
19	Deferred revenue	NONE 18 NONE 19	NC
20		NONE 19	NC
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 20 NONE 21	
	Loans and other payables to any current or former officer, director,	NONE 21	NC
22	trustee, key employee, creator or founder, substantial contributor, or 35%		
		NONE OO	NC
22	controlled entity or family member of any of these persons	NONE 22	NC
23	Secured mortgages and notes payable to unrelated third parties	NONE 23	NC
24 25	Unsecured notes and loans payable to unrelated third parties	NONE 24	NC
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X	NONE	200.00
00	of Schedule D	NONE 25	308,86
26	Total liabilities. Add lines 17 through 25.	286,870. 26	592,44
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.		
27	Net assets without donor restrictions	1 146 600	
27		4,146,680. 27	5,045,47
28	Net assets with donor restrictions	1,000,000. 28	4,699,47
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		
27 28 29 30 31 32			
29	Capital stock or trust principal, or current funds	29	
30	Paid-in or capital surplus, or land, building, or equipment fund	30	
31	Retained earnings, endowment, accumulated income, or other funds	31	
32	Total net assets or fund balances	5,146,680. 32	9,744,94
33	Total liabilities and net assets/fund balances	5,433,550. 33	10,337,393

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JSA

Form	990	(2022)

Form 99	90 (2022)		-	Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,	231,	848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	530 ,	<u>075</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	701,	<u>773</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	146,	<u>680</u> .
5	Net unrealized gains (losses) on investments	5		-21,	<u>675</u> .
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		-81,	829.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,	744,	<u>949</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a 🛛		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .			
			For	n 990	(2022)

58-2614182

SCHE	DULE	Þ
(Form	990)	

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 G

					Inspection			
Nam	e of the organization						Employer identif	ication number
	LLSPRING LIVI			·				614182
			• •	organizations must			/	ns.
	<u> </u>			t is: (For lines 1 throug		-	,	
1 2				tion of churches desc . (Attach Schedule E			70(D)(T)(A)(I).	
2				-	-		(1)(Δ)(iii)	
4								
-	hospital's name, city, and state:							
5	An organizati	on operated t		a college or universit	y owned	d or ope	erated by a governme	ental unit described ir
6				rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7								om the general public
	described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8	A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9			-	ed in section 170(b)(1		-		
		r a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the	name, city, and state c	of the college or
10	university:	n that name	<u>Illy receives (1) ma</u>	then 224/20/ of ite	aunnart	from oo	atributions montherab	in face and grace
10	receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		•	•	usively to test for publi				
12		-	-	-	-			rry out the purposes of
			-					ction 509(a)(3). Check
		-		es the type of suppor			-	-
а			-	, supervised, or contr	-			
		-		regularly appoint or e te Part IV, Sections A		ajonty of		
b		-	-	ed or controlled in co		with its	supported organizati	ion(s) by having
~				organization vested in				
		-		, Sections A and C.				5 11
С			-	ng organization opera	ated in co	onnectio	n with, and functiona	lly integrated with,
	its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		-		porting organization o	-			
		-		nization generally mus	-			d an attentiveness
		•	,	omplete Part IV, Sect		-		U. T
е		•		a written determination ionally integrated sup			••••••	п, туре п
f				ionally integrated sup				
g			-	orted organization(s).				
	(i) Name of supported of		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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Schedule A (Form 990) 2022

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,224,855.	2,519,358.	7,818,291.	8,725,890.	11,039,563.	33,327,957.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4	Total. Add lines 1 through 3	3,224,855.	2,519,358.	7,818,291.	8,725,890.	11,039,563.	33,327,957.	
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						506 567	
6	shown on line 11, column (f)						596,567.	
<u>6</u> 500	Public support. Subtract line 5 from line 4 tion B. Total Support						32,731,390.	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	3,224,855.	2,519,358.	7,818,291.	8,725,890.	11,039,563.	33, 327, 957.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,346.	591.	651.	2,826.	6,350.	11,764.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE	
11	Total support. Add lines 7 through 10						33,339,721.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	13,708,156.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)	
Sec	tion C. Computation of Public Sup	•	-					
14	Public support percentage for 2022 (lin					14	98.18 %	
15	Public support percentage from 2021					15	96.44 %	
16a	331/3% support test - 2022. If the org	-						
	box and stop here. The organization qu							
b	331/3% support test - 2021. If the org							
17-	this box and stop here . The organization	•		-				
17a	10%-facts-and-circumstances test - 2	-						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
	organization			-	-			
h	10%-facts-and-circumstances test - 2							
D	15 is 10% or more, and if the organiz		-					
	in Part VI how the organization meets					-	-	
	organization			-				
18	Private foundation. If the organizatio							
	instructions							

Schedule A (Form 990) 2022

Schedule A (Form	990)	2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not 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						
	organization's tax-exempt purpose						
2	Gross receipts from activities that are not an						
3	•						
	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	<u> </u>					
D	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(-) 2019	(b) 2010	(-) 2020	(4) 2024	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
10 a	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	<u> </u>					
11	Net income from unrelated business						
	activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • • •						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here						
	tion C. Computation of Public Sup	•	•	(2))			
15	Public support percentage for 2022 (line 8		-			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3%, check thi	-	-	-			
b	331/3% support tests - 2021. If the org	anization did not	check a box or	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check		•	• •			
20	Private foundation. If the organization	did not check a	a box on line	14, 19a, or 19b,	, check this bo		
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(Complete only if you checked a box on line 12 of 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on 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

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

Part IV	Supporting Organizations	(continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

Section B. Type I Supporting Organizations

- 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, 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.
- 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, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 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).
 1

Section D. All Type III Supporting Organizations

Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 on 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 year (see instructions).					
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insi	truction	s).			
•		Yes	No			
2	Activities Test. Answer lines 2a and 2b below.					
а	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					

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 on 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.*

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- **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.*

Yes No

Yes No

11b

11c

2

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1.	3b		
Schedule	e A (Fo	orm 990) 2022

2a

2b

3a

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

(see instructions).

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Schedule A (Form 990) 2022

Part V

1

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8					
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	tion E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2022			IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from				
4					
	Section D, line 7: \$ Applied to underdistributions of prior years				
 	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
0	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to *www.irs.gov/Form990* for the latest information. OMB No. 1545-0047

2022

Employer identification number

WELLSPRING LIVING, INC	2.	58-2614182
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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	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

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), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Schedule B (Form 990) (2022)	Page 2
Name of organization	Employer identification number
WELLSPRING LIVING, INC.	58-2614182
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is	needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$315,000.	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)
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)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of o	rganization WELLSPRING LIVING, INC.		2614182
Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is nee	eded.
(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
		- - - - - - - - - - - - - - - - - 	
(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
		- - - - \$	

Schedule B (Form 990) (2022)

Page **3**

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Schedule B (Form 990) (2022)

Name of or	(Form 990) (2022) rganization			Page 4
	WELLSPRING LIVING, IN	с.		58-2614182
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	, contributions to o the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. So	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
<u>Part I</u>				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	•	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
				Schedule B (Form 990) (2022)

SCHE	DULE	D
(Form	990)	

Department of the Treasury

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. 000 for inot

Open to Public

2

OMB No. 1545-0047

2

	•	Form990 for instructions and the latest inform		Inspection
	of the organization		Employer identificat	
	LSPRING LIVING, INC.	riand Funda ar Othar Similar Funda a	58-26141	82
Par	t I Organizations Maintaining Donor Adv Complete if the organization answered		r Accounts.	
		(a) Donor advised funds	(b) Funds and	
	Table and the standard and		(b) Fullus and (
	Total number at end of year			
	Aggregate value of contributions to (during year).			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year Did the organization inform all donors and dono		l in donor advised	
	funds are the organization's property, subject to th	•		Yes No
	Did the organization inform all grantees, donors,	•		
	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			Yes No
Par				
	Complete if the organization answered	l "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).		
	Preservation of land for public use (for example	e, recreation or education) Preservation	n of a historically imp	oortant land area
	Protection of natural habitat	Preservation	n of a certified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i		
	easement on the last day of the tax year.		Held at the	End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easement		2b	
	Number of conservation easements on a certified		2c	
	Number of conservation easements included in (c			
	a historic structure listed in the National Register		2d	
	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	ninated by the orga	nization during the
	tax year	mention and the large deal		
	Number of states where property subject to conse		tion hondling of	
	Does the organization have a written policy re violations, and enforcement of the conservation ea		-	Yes No
	Staff and volunteer hours devoted to monitoring, insp			
,		seeing, nardning of violations, and emotoring		the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easeme	ents during the year
				····· ································
3	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in its r	evenue and expen	se statement and
	balance sheet, and include, if applicable, the tex	•	inancial statements	that describes the
	organization's accounting for conservation easeme			
Par	t III Organizations Maintaining Collections		er Similar Assets.	
	Complete if the organization answered			
	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ts held for public exhibition, education	, or research in fui	alance sheet works therance of public
	If the organization elected, as permitted under F			nce sheet works of
	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, or reams:	search in furtheranc	e of public service,
	(i) Revenue included on Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a	rt, historical treasures, or other similar	assets for financia	l gain, provide the
	following amounts required to be reported under F			
	Revenue included on Form 990, Part VIII, line 1.			
b	Assets included in Form 990. Part X			

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_		LSPRING LIVIN		· · · -			<u></u>	<u></u>		614182		e 2
	rt III Organizations Maintaini											
3 a	Using the organization's acquisitio collection items (check all that appl Public exhibition		other recor	-	c any c or exch			-	iake sigr	nificant us	se of i	its
			-	Other		ange	piogra	111				
b	Scholarly research	ationa	e	JOther								_
с 4	Preservation for future gener Provide a description of the organ		and expla	ain how t	hey fu	rther	the or	ganization's	s exemp	t purpose	in Pa	art
_	XIII.											
5	During the year, did the organizatio									_	┌┐.	
	assets to be sold to raise funds rath		ained as pa	rt of the c	organiz	ation	s colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial An Complete if the organiza 990, Part X, line 21.		es" on Fori	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m	
1a	Is the organization an agent, trust	tee custodian or o	ther interm	ediary fo	or cont	ributi	ons or	other asse	ets not			
ιu	included on Form 990, Part X?			-						Yes		No
h	If "Yes," explain the arrangement in	Part XIII and com	olete the fol	lowing tak	le [.]				L	103	•	10
	in res, explain the arrangement in			iowing tac	лс.				Amount			
с	Beginning balance					1c			/ into and			
	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
-	Did the organization include an am						stodial	account lia	bilitv?	Yes		No
	If "Yes," explain the arrangement ir											
	rt V Endowment Funds.			1								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV.	line	10.					
		(a) Current year	(b) Prio			o year		(d) Three ye	ears back	(e) Four y	ears bad	 ck
1a	Beginning of year balance	1,000,000.		-								
b	Contributions	3,902,208.	1,00	00,000.								
-	Net investment earnings, gains,											
С	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
e	and programs	202,734.										
f	Administrative expenses											
g	End of year balance	4,699,474.	1,00	00,000.								
2	Provide the estimated percentage	of the current year	end halance	e (line 1a	columr	າ (ລ))	held as	•				
a	Board designated or quasi-endowm			5 (iii 16 19,	oolann	(u))		•				
b	Permanent endowment	%										
с	Term endowment %											
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.									
3a	Are there endowment funds not in t	the possession of th	ne organiza	tion that	are hel	d and	d admir	nistered for	the			
	organization by:									Y	es N	lo
	(i) Unrelated organizations									3a(i)	2	X
	(ii) Related organizations									3a(ii)	2	Х
b	If "Yes" on line 3a(ii), are the relate					₹?				3b		
4	Describe in Part XIII the intended u		tion's endo	wment fur	nds.							
Ра	rt VI Land, Buildings, and Equ	ipment.	oo" on Eor	m 000 I	Dart IV	lino	110	Soo Earm	000 Do	rt V line	10	
	Complete if the organiza		other basis	(b) Cost of				cumulated		Book valu		
			tment)		ther)			reciation	(u		-	
1a	Land	• • •		1	.65 , 00	00.				165	,000).
b	Buildings	• • •		1,3	21,54	15.	6	57 , 896.		663	,649	۶.
С	Leasehold improvements	• • •		3	800,03	32.	1	16,283.		183	,749	۶.
d	Equipment				56,32	11.		25,676.		30	,635	5.
e	Other				108,48			34,053.		174	,432	2.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	n 990, Part	X, columi	n (B), lii	ne 10	c.)			1,217	,465	5.

Schedule D (Form 990) 2022

JSA 2E1269 1.000 Part VII Investments - Other Securities.

Complete if the organization answered	"Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Ves" on Form 000) Part IV line 11c See Form 000	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u> </u>	
Part X Other Liabilities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11e or 11f. See Forr	n 990, Part X,
line 25. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes	j		
(2)ROU LIABILITY			308,865
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(3) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.),			308,865
2. Liability for uncertain tax positions. In Part XIII, provide the			
organization's liability for uncertain tax positions under FASB		the text of the footnote has been provid	ed in Part XIII 🛛 🛛 🛛
ISA 221270 1.000 0817PW 9242 11/15/2023 14:04:53		ON COPY ⁵⁰	hedule D (Form 990) 20

Ile D (Form 990) 2022 WELLSPRING LIVING, INC.		58-	2614182 Page 4
		n.	
		1	13,577,061.
		-	10/01/001/
	-21.675		
	0,0001		
	358 580		
		20	345,213.
			13,231,848.
			15,251,040.
		40	
Total revenue Add lines 3 and 4c (This must equal Form 990 Part Lline 12)		-	13,231,848.
		-	15,251,040.
Total expenses and losses per audited financial statements		1	8,978,792.
Donated services and use of facilities 2a	8,308.		
	440,409.		
		2e	448,717.
		3	8,530,075.
Subtract line 2e from line 1		3	8,530,075.
		3	8,530,075.
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	8,530,075.
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		3 4c	8,530,075.
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			8,530,075.
	XI Reconciliation of Revenue per Audited Financial Statements With Rever Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expend Complete if the organization answered "Yes" on Form 990, Part IV, line 12a XII Reconciliation of Expenses per Audited Financial Statements With Expend Complete if the organization answered "Yes" on Form 990, Part IV, line 12a It expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a -21,675. Net unrealized gains (losses) on investments 2a -21,675. 2b 8,308. Recoveries of prior year grants. 2d 358,580. 2c 3 Other (Describe in Part XIII.) 2d 358,580. 2e 3 Add lines 2a through 2d 2d 358,580. 2e 3 Subtract line 2e from line 1 4a 4b 4c Other (Describe in Part XIII.) 4a 4c 5 Add lines 4a and 4b 5 5 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 XII Reconciliation of Expenses per Audited Financial statements 1 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 XIII Reconciliation on Form 990, Part IX, line 25: 5 5 Donated services and use of facilit

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.

SEE SUPPLEMENTAL PAGE

JSA

SCHEDULE D, PARI XI, LINE 2D						
90,043 FUNDRAISING EXPENSES						
+ 268,537 COST OF SALES OF INVENTORY						
358,580						
SCHEDULE D, PART XII, LINE 2D						
90,043 FUNDRAISING EXPENSES						
+ 226,537 COST OF SALES OF INVENTORY						
+ 81,829 BAD DEBT RELATED TO PRIOR YEAR PLEDGES						
440,409						
ASC 740						
THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3)						
OF THE INTERNAL REVENUE CODE (IRS), EXCEPT FOR UNRELATED BUSINESS INCOME						
AS DEFINED BY THE IRS. ACCORDINGLY, NO PROVISIONS FOR FEDERAL, STATE OR						
LOCAL TAXES ARE INCLUDED IN THE FINANCIAL STATEMENTS.						
THE ORGANIZATION PERFORMS AN ANNUAL ASSESSMENT FOR ANY UNCERTAINTY IN						
INCOME TAX POSITIONS WHICH INCLUDES AN ANALYSIS OF WHETHER THERE ARE ANY						
TAX POSITIONS THE ORGANIZATION TAKES WITH REGARD TO UNRELATED BUSINESS						
INCOME, RELATED DEDUCTIONS APPLIED, OR OTHER ACTIVITIES THAT MAY						
JEOPARDIZE THEIR TAX EXEMPT STATUS AND THUS WOULD MEET THE DEFINITION OF						

Schedule D (Form 990) 2022

JSA

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

Schedule D (Form 990) 2022

58-2614182

AN UNCERTAIN TAX POSITION. NO TAX LIABILITY ACCRUAL WAS RECORDED AS OF THE YEARS ENDED DECEMBER 31, 2022 OR 2021 RELATING TO MATERIAL UNCERTAIN POSITIONS TAKEN AS MANAGEMENT BELIEVES THERE ARE NONE.

SCHEDULE G	Information Regarding Fundraising or Gaming Activi				g Activities	OMB No. 1545-0047	
(Form 990)		the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.				9, or if the	2022
Department of the Treasury		Attach to Form 990 or Form 990-EZ.				Open to Public	
Internal Revenue Service	Go	to www.irs.gov/Form990 for instructions and the latest information.					Inspection
Name of the organization						Employer identificati	on number
WELLSPRING LIV	ING, INC.					58-26141	82
Part I Fundraisi	ng Activities. Comp	lete if the organi	zation an	swered "	Yes" on Form 99	0, Part IV, line 1	17.
Form 990)-EZ filers are not re	quired to complet	te this pa	rt.			
1 Indicate whethe	er the organization rais	sed funds through a	any of the	following	activities. Check a	Il that apply.	
a X Mail solicit	ations	е	X Solic	itation of	non-government g	rants	
b X Internet an							
c X Phone soli							
d X In-person s							
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,							
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
	dress of individual fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMEN	I INFORMATION		Yes	No			

•

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

2

3

4

5

6

7

8

9

10

Total

3

GA,

JSA

.

registration or licensing.

261,758.

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		groop receipte groater than \$0,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	SUPPER	3	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue						
ē	1	Gross receipts	660,781.	181,379.	149,812.	991,972.
ě						
Ľ	2	Less: Contributions	432,781.	70,489.	21 202	527 652
	2	Gross income (line 1 minus	432,701.	70,409.	24,383.	527,653.
	3					
		line 2)	228,000.	110,890.	125,429.	464,319.
	4	Cash prizes				
	5	Noncash prizes				
	_	'				
ê	6	6 Pont/facility costs				
Direct Expenses	0	Rent/facility costs				
ш	7	Food and beverages				
ರ						
<u>e</u> .	8	Entertainment				
Δ						
	9	Other direct expenses	60,236.	26,963.	2 0 4 4	00 042
	5	Other direct expenses	60,236.	20,903.	2,844.	90,043.
	10	90,043.				
	11	374,276.				
Pa	art III	Gaming. Complete if the org				
		\$15,000 on Form 990-EZ, lir		,	. ,	•
<u>т</u>				(b) Pull tabs/instant		(d) Total gaming (add
evenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
/er				ingo progressive brigo		
5	1			1		1

nue		(a) Bingo	bingo/progressive bingo	col. (a) through col. (c))		
Revenu	1 Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
ō	5 Other direct expenses					
	6 Volunteer labor	Yes %	Ŋ Yes% No	Yes%		
	7 Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)					
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 						

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes
 Yes
 No

Schedule G (Form 990) 2022

Sched	lule G (Form 990 or 990-EZ) 2022 WELLSPRING LIVING, INC.	58-2614182	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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:		
а	The organization's facility	3a	%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:		
	Name		
	Address ►		
15 2	Does the organization have a contract with a third party from whom the organization receives ga	mina	
15 a	revenue?		No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ar		
	amount of gaming revenue retained by the third party \triangleright \$		
c	If "Yes," enter name and address of the third party:		
Ū			
	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 proc	eeds to	
-	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ		
~	or spent in the organization's own exempt activities during the tax year > \$		
Par			

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: MCEWEN SOLUTIONS, LLC ADDRESS: 863 ORMEWOOD AVE SE ATLANTA, GA 30316 ACTIVITY : GRANT WRITING CUSTODY OR CONTROL OF CONTRIBUTION? NO AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 132,975. NAME: COXE CURRY & ASSOCIATES

ADDRESS:

191 PEACHTREE ST NE, STE 450 ATLANTA, GA 30303

ACTIVITY :

FUNDRAISING CONSULTING

- CUSTODY OR CONTROL OF CONTRIBUTION? NO
- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 128,783.

0817PW 9242 11 P1572023 14 INSPECTION 4276 PY

SCHEDULE I				ssistance t				OMB No. 1545-0047
(Form 990)				ndividuals in				2022
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		•		ach to Form 990.				Open to Public
Internal Revenue Service		Go to	o www.irs.gov/l	<i>Form990</i> for the la	test information.			Inspection
Name of the organization							Employer identificati	
WELLSPRING LIV	ING, INC.	Assistance	<u> </u>				58-2614182	
	zation maintain records to su			arante or assista	nce the grantees	eligibility for the grapt	s or assistance, and	
	teria used to award the grants							X Yes No
	: IV the organization's proced							
	nd Other Assistance to Do		5			nlete if the organiz	ation answered "V	es" on Form 990
	ne 21, for any recipient th	-	•			•		cs off officially,
					•	(f) Method of valuation		() D
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
3 Enter total numb	per of section 501(c)(3) and g per of other organizations liste	ed in the line	1 table					l
For Paperwork Reducti	on Act Notice, see the Instruction	ons for Form 9	90.				Sc	hedule I (Form 990) 2022

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIVIDUAL ASSISTANCE			367,732.	FMW	
INDIVIDUAL ASSISTANCE		109,926.		FMV	

PART I LINE 1

WELLSPRING LIVING PROVIDES CASH AND NON-CASH ASSISTANCE THROUGH THEIR

RESIDENTIAL PROGRAMS.

PART III LINE 1

PUBLIC INSPECTION COPY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
_ 6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

information.

WELLSPRING LIVING PROVIDES VARIOUS ITEMS TO THE INDIVIDUALS PARTICIPATING

IN THEIR TWO RESIDENTIAL PROGRAMS. ITEMS INCLUDE BUT ARE NOT LIMITED TO:

HOUSEHOLD GOODS, EDUCATIONAL SUPPLIES, GROCERIES, MEDICINE AND CLOTHING.

PART III LINE 2

WELLSPRING LIVING PROVIDES CASH ASSISTANCE TO INDIVIDUALS PARTICIPATING

IN THEIR RESIDENTIAL PROGRAMS. THE CASH ASSISTANCE IS PROVIDED FOR:

CHILDCARE, VEHICLE EXPENSES, AND PUBLIC TRANSPORATION EXPENSES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 22 \bigcirc

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.

Open to Public Inspection Employer identification number

2

Department of the Treasury Internal Revenue Service Name of the organization

• •
58-2614182

WELLSPRING LIVING, INC Part I Types of Property

Par	I Types of Floperty			-				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			5,215.	FMV			
5	Clothing and household							
	goods	Х		294,756.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	7	95,729.	FMV			
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		29	,	FMV			
20	Drugs and medical supplies		19	7,782.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ELECTRONICS)	X	15	,	FMV			
26	Other ►(<u>TICKETS</u>)	X	1		FMV			
27	Other ►(<u>GIFT CARDS</u>)	X	33		FMV			
28	Other ►(OTHER SUPPLIES)	Х	7	328.	FMV			
29	Number of Forms 8283 received	• •	• •					
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat		• • • • •	• •	-			
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			-	nonstandard	04		
	contributions?					31	X	
32a	Does the organization hire or use		•	•	sell noncash	00		
-	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II. aperwork Reduction Act Notice, see the Inst	wations for F-	rm 000					
FOT P	aperwork neulocion Act Notice, see the inst	Inclines for FO	iii 330.		Schedule	÷ IVI (⊢O	rm 990	1) 2022

1.000 0817PW 9242 11/15/2023 H4:04:53 INSPECTION COPY

JSA 2E1298 1.000 **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.

PART I, LINE 32A

ANY NON-CASH CONTRIBUTIONS IN THE FORM OF STOCKS ARE IMMEDIATELY SENT TO

MERRILL LYNCH FOR LIQUIDATION, SO THE STOCKS CAN BE CONVERTED TO CASH.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

WELLSPRING LIVING, INC.

Employer identification number

PART III, LINE 4A DESCRIPTION CONTINUATION

RECEIVING HOPE CENTER (AGES 12-17): PROVIDING TRAUMA-INFORMED CARE TO SURVIVORS OF DOMESTIC MINOR SEX TRAFFICKING (DMST) IN THE SERVICE OF PHYSICAL, EMOTIONAL AND SPIRITUAL RESTORATION. IN A SAFE RESIDENTIAL ENVIRONMENT, EACH YOUTH IS ENCOURAGED TO SET PERSONAL GOALS IN THERAPY AND EDUCATION, AND EACH IS SUPPORTED BY STAFF FOR STABILIZATION AND BEGINNING THE JOURNEY OF HEALING.

PART III, LINE 4C DESCRIPTION CONTINUATION

YOUTH ACADEMY (AGES 14+): THE YOUTH ACADEMY WORKS IN PARTNERSHIP WITH ATLANTA PUBLIC SCHOOLS, SERVING STUDENTS AT PHOENIX ACADEMY TO REMOVE SOCIAL BARRIERS AND IMPROVE ATTENDANCE WHILE STUDENTS WORK TOWARD THE GOAL OF GRADUATION. THIS SCHOOL-BASED PROGRAM PROVIDES MENTAL HEALTH SERVICES AND LIFE-CHANGING PROGRAMMING TO STRENGTHEN THE ACADEMIC AND LIFE GOALS OF STUDENTS, WHILE ALSO SUPPORTING STAFF AND FAMILIES IN ATLANTA PUBLIC SCHOOLS.

PART VI, LINE 2

THE FOLLOWING INDIVIDUALS SERVE AS BOARD MEMBERS AND ARE MARRIED. EACH INDIVIDUAL IS A FULL VOTING MEMBER. JAMIE AND STEPHEN DUNBAR JASON AND JESSICA GABY AMANDA AND MATT HENE HEATHER AND JONATHAN LIVELY MATT AND TONYA SPARKS

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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. ation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
Name of the organization	
	TNO

Employer identification number 58-2614182

WELLSPRING LIVING, INC.

JOHN AND TERRI STIVARUS

THE FOLLOWING INDIVIDUALS SERVE AS BOARD MEMBERS AND ARE MARRIED AND

RECEIVE A SINGLE VOTE.

MATTHEW AND DAWN BROMS

PART VI, LINE 11B

THE ORGANIZATION'S ACCOUNTANT WILL PROVIDE A COPY OF FORM 990 FOR REVIEW AND APPROVAL PRIOR TO FILING.

PART VI, LINE 12C

THIS IS MONITORED ON AN ANNUAL BASIS. EACH MEMBER COMPLETES A CONFLICT OF INTEREST WORKSHEET AT THE BEGINNING OF THE BOARD YEAR. THE GOVERNANCE COMMITTEE OR BOARD CHAIR MONITORS RESPONSES TO BRING TO LIGHT ANY CONFLICTS OF INTEREST THAT MAY ARISE THROUGHOUT THE YEAR.

PART VI, LINE 15B

THE ORGANIZATION'S BUSINESS TEAM DETERMINES COMPENSATION. THE BUSINESS TEAM INCLUDES THE HUMAN RESOURCES MANAGER, CHIEF OPERATING OFFICER, AND OTHER LEADERS AS RELEVANT, WITH OVERSIGHT BY THE EXECUTIVE DIRECTOR AND SUPPORT FROM HUMAN RESOURCES SERVICE PROVIDER ADP. THE PROCESS INCLUDES MARKET RATE RESEARCH FROM A VARIETY OF SOURCES, AND COMPENSATION IS DETERMINED PRIMARILY BASED ON THE RESPONSIBILITIES AND REQUIRED QUALIFICATIONS OF EACH POSITION, WITH SECONDARY CONSIDERATION FOR OTHER FACTORS SUCH AS YEARS OF SERVICE.

PART VI, LINE 19

THE ORGANIZATION'S ACCOUNTANT PROVIDES A COPY OF FORM 990 SPECIFICALLY FOR PUBLIC INSPECTION. THIS COPY IS AVAILABLE UPON REQUEST. THE

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

WELLSPRING LIVING, INC.

ORGANIZATION ALSO MAKES THIS COPY AVAILABLE THROUGH THE WEBSITE OF THE

EVANGELICAL COUNCIL FOR FINANCIAL ACCOUNTABILITY (WWW.ECFA.ORG).

PART XI, LINE 9

(\$81,829) BAD DEBT RELATED TO PRIOR YEAR PLEDGES

Name of the organization	Employer ider	tification number
WELLSPRING LIVING, INC.	58-261	4182
FORM 990, PART VII-COMPENSATION OF THE 5	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MCEWEN SOLUTIONS		
863 ORMEWOOD AVE SE		

GRANTS CONSULTING

PROFESSIONAL SERV

ATLANTA, GA 30316

ATLANTA, GA 30303

COXE CURRY & ASSOCIATES 191 PEACHTREE ST NE, STE 450 132,975.

128,783.

Schedule O (Form 990 or 990-EZ) 2022	Page 2
Name of the organization	Employer identification number
WELLSPRING LIVING, INC.	58-2614182
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSE	12,055.
TOTALS	12,055.

Schedule O (Form 990 or 990-EZ) 2022			Page 2
Name of the organization	Ei	mployer identification number	
WELLSPRING LIVING, INC.	5	8-2614182	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES			
DESCRIPTION	ENDING BOOK VALU	COST E OR FMV	
MERRILL LYNCH INVESTMENTS	171,8	28.	
TOTALS	 171 , 8	 28.	
