Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the 20	100 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30,	200	1
В	Check if	Please C Name of organization D En	ployer i	dentification number
	applicable:	use IRS		
	Change address	print or WELLSPRING HOUSE, INC.) <u>4-2</u>	735048
	Change of name	-	number	
	Initral return	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0) 231-3221
Ĺ	Final	Total years years	eck ►	if application pending
L	Amende	DECOCEDIENT INT CISSO		
	(use also state rep	orling) (If and I are not appricable t		
G	Organizat	ion type (check only one) ► X 501(c) (3) ◀ (insert no.) 527 H(a) Is this a group return fo		
_		OR 4947(a)(1) H(b) If "Yes," enter number o		s ►Yes X No
	• Section	n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts ach a completed Schedule A (Form 990 or 900-EZ). H(c) Are all affiliates included (If 'No,' attach a list.)	J.f	162100
J	Accountin		filed by	an
	method:	organization covered by		
K (hack hard	if the organization's gross receipts are normally not more than \$25,000. The I Enter 4-digit group exer		
		n need not file a return with the IRS; but if the organization received a Form 990 Package L Check this box if the organization		
		it should file a return without financial data. Some states require a complete return. attach Schedule B (Form	-	_
_		Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	1	Direct public support 1a 1,603,726	<u>.</u>	
	ь	Indirect public support	┧.	
	C	Government contributions (grants)	<u>. </u>	
2 0	d	Total (add lines 1a through 1c)		
5		(cash\$ 1,607,326. noncash\$)		1,607,326.
2	2	Program service revenue including government fees and contracts (from Part VII, line 93)		362,338.
Ē	3	Membership dues and assessments	3	21,710.
3	4	Interest on savings and temporary cash investments	5	130.
-	5	Dividends and interest from securities	1-3-	130.
	6 a	Gross rents 6a 6b	┪	
•	b	Less: rental expenses	6c	
9	7	Other investment income (describe	7	
Revenue	8 .	Gross amount from sale of assets other (A) Securities (B) Other		
å		than inventory 8a		
	ь	Less; cost or other basis and sales expenses 8b		
	c	Gain or (loss) (attach schedule)	_	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d_	
	9	Special events and activities (attach schedule)		
	1	Gross revenue (not including \$ of contributions		
	1	reported on line 1a) 9a	\dashv	
	b	Less: direct expenses other than fundraising expenses 9b	-	
	40.	Net income or (loss) from special events (subtract line 9b from line 9a)	90	
	10 a	Gross sales of inventory, less returns and allowances 10a 10b	\dashv	
	b	Less: cost of goods sold	10c	
	11	Other revenue (from Part VII, line 103)	11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,991,504.
	13		13_	930,265.
•	14	Management and general (from line 44, column (C))	14	210,434.
Fynansas	15	Fundraising (from line 44, column (D))	15	457,625.
Ž	16	Program services (from line 44, column (B)) Management and general (from line 44, column (C)) Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	1,598,324.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)		393,180.
ž	19	Net assets or fund balances at beginning of year (from line 73, column (A))		1,467,506.
-	<	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-29,843. 1 830 843
02:	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,830,843. Form 990 (2000)

Do not include amounts reported on line (4) o	rganiza I	tions and section 4947(a)(1			
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2 Grants and allocations (attach schedule)					
cash \$noncash \$	22			<u>.</u>	
3 Specific assistance to individuals (attach schedule)		31,119.	31,119.	STATEMENT 3	
4 Benefits paid to or for members (attach schedule)	24				
5 Compensation of officers, directors, etc.	25	0.	0.	0.	0
6 Other salaries and wages		755,586.	501,153.	127,122.	127,311
7 Pension plan contributions				2 221	
8 Other employee benefits		41,402.	24,062.		8,119
9 Payroli taxes	29	67,125.	46,749.	10,566.	9,810
O Professional fundraising fees		CF 001		24 015	06 504
1 Accounting fees		65,891.	8,080.	31,217.	26,594
2 Legal fees		01 670	10 502	1 552	1 524
3 Supplies	33	21,670.	18,583.		1,534
4 Telephone	34	12,967.	<u>9,127.</u>		2,011
5 Postage and shipping	35	28,448.	5,368.		18,014
6 Occupancy	36	31,150.	31,150.		1 000
7 Equipment rental and maintenance		50,416.	47,173.	1,347.	1,896
8 Printing and publications		E 254	2 027	101	2 100
9 Travel		5,354.	3,037.	121.	2,196
O Conferences, conventions, and meetings	1	40 200	27 126	1 501	1 501
1 Interest		40,298.	<u>37,136.</u>		1,581
2 Depreciation, depletion, etc. (attach schedule)	42	53 <u>,48</u> 5.	53,485.		
3 Other expenses (itemize):					
a	438				
b	43b 43c				
c	43d				
e SEE STATEMENT 2	43e	393,413.	114,043.	20,811.	258,559
4 Total functional expenses (add lines 22 through 43)	436		114,045.	20,011.	200,000
Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,598,324.	930,265.	210,434.	457,625
undraising solicitation? "Yes," enter (i) the aggregate amount of these joint of iii) the amount allocated to Management and general	osts \$ _ S_	; (; and ((ii) the amount allocated to	Program services \$	Yes X No
Part III Statement of Program Serv			<u> </u>		
What is the organization's primary exempt purpose? PO PROVIDE SHELTER AND D Il organizations must describe their exempt purpose achieveme	IRE	clear and concise menner. State t	the number of clients served, p		Program Service Expenses (Required for 501(c)(3) and
chievements that are not measurable. (Section 501(c)(3) and (4) illocations to others.)	ur ganizal	iona and 4947(2,[1] nonexempt o	A GENERAL PROPERTY OF THE STREET OF THE STRE	MISSENDUNICO GREATS ELIC	(4) orgs., and 4947(a)(1) trusts; but optional for others.
a <u>FAMILY SHELTER</u>			·		
		<u> </u>			
L novaria		((Grants and allocations \$)	489,823
b HOUSING PROPERTY			- ··		
			•	· · · · · · · · · · · · · · · · · · ·	
			Dennis and effective A	······································	166 080
o EDUCATION DOCUME		(0	Grants and allocations \$		<u>165,270</u>
c EDUCATION PROGRAMS				-	
	<u> </u>	· .			
	_		Prante and allocations ®		170,672
d ECONOMIC DEVELOPMENT			Grants and allocations \$		1/0,0/2
ECONOMIC DEVELOPMENT					
					
			Grants and allocations \$		104,500
Other program services (attach schedule)			Grants and allocations \$		104,500
f Total of Program Service Expenses (Should equa	line 4	 _			930,265
23011 2-19-00	•	The same of the sa			Form 990 (2000

Part IV Balance Sheets

		re required, attached schedules and amounts with Id be for end-of-year amounts only.	nin the	description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			86,504.		115,320.
	46	Savings and temporary cash investments			591,502.	46	779,601.
	47 a b	Accounts receivable	47a 47b	25,326.	58,609.	47c	25,326.
		Pledges receivable Less: allowance for doubtful accounts	48a			48c	
	49	Grants receivable			· · · · · · · · · · · · · · · · · · ·	49	
- 1	50	Receivables from officers, directors, trustees,					
. I		and key employees	i'' i			50	
Assets	5 1 a	Other notes and loans receivable	51a				
~ I		Less; allowance for doubtful accounts				51c	
- 1	52	Inventories for sale or use			8,864.	52	7,213
	53	Prepaid expenses and deterred charges Investments - securities STMT 4		Cosl X FMV	144,025.		276,208
	54 55 a	Investments - land, buildings, and		COST	144,025.	34	2,70,200
		equipment: basis	55a				
	b	Less: accumulated depreciation				55c	_
	56	Investments - other	nı			56	
		Land, buildings, and equipment; basis		1,701,656.	1 000 000		1 100 000
		Less: accumulated depreciation STMT 5		575,420.	1,092,829.		
	58	Other assets (describe LOAN ACQUIS)	.T.T.O.	N COST	5,464.	58	4,889
ŀ	59	Total assets (add lines 45 through 58) (must equal lin	e 74) .		1,987,797.	59_	2,334,793
	60	Accounts payable and accrued expenses			44,676.	60	<u>47,985</u>
	61	Grants payable				61	
ies	62	Deferred revenue				62	
75 I	63	Loans from officers, directors, trustees, and key empl		l l		63	
<u> </u>		Tax-exempt bond liabilities			47F C1F	64a	455 065
		Mortgages and other notes payable			<u>475,615.</u>		455,965
	65	Other liabilities (describe		·' -		65_	_
	66	Total liabilities (add lines 60 through 65)			520,291.	66_	503,950
	Orgai	nizations that follow SFAS 117, check here	and co	mplete lines 67 through			
,		69 and lines 73 and 74.			050 000		000 045
ဦ	67	Unrestricted			<u>972,289.</u>		902,217
	68	Temporarily restricted			360,663.		679,750
9	69	Permanently restricted			134,554.	69	248,876
=	Orgai	nizations that do not follow SFAS 117, check here > 70 through 74.		and complete lines			
გ	70	Capital stock, trust principal, or current funds				70	
8	70 71	Paid-in or capital surplus, or land, building, and equip				71	
A	72	Retained earnings, endowment, accumulated income,				72	
*	73	Total net assets or fund balances (add lines 67 throu					
-	. -	column (A) must equal line 19 and column (B) must e		l l	1,467,506.	73	1,830,843
1	74	Total liabilities and net assets / fund balances (ad			1,987,797.		2,334,793

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2000) WELLSPRING HOUSE,	INC	C
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue Per Audited Financial Statements	d	Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per
Return	er	Return
Total revenue, gains, and other support per audited financial statements	740.	Total expenses and losses per audited financial statements
b Amounts included on line a but not on line 12, Form 990;		b Amounts included on line a but not on line 17, Form 990:
(1) Net unrealized gains		(1) Donated services and use of facilities \$ 161,706.
on investments $\frac{29,843}{20}$		(2) Prior year adjustments reported on line 20,
and use of facilities \$ 150,079.		Form 990
(3) Recoveries of prior	1	(3) Losses reported on
year grants\$		line 20, Form 990\$
(4) Other (specify):		(4) Other (specify):
Add amounts on lines (1) through (4) b 120,	236.	
c Line a minus line b c 1,991,	504.	c Line a minus line b
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses		(1) Investment expenses
not included on		not included on
line 6b, Form 990\$		line 6b, Form 990\$
(2) Other (specify):		(2) Other (specify):
Add amounts on lines (1) and (2) d		Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990		e Total expenses per line 17, Form 990
(line c plus line d) b e 1,991,	504.	(line c plus line d) ▶ e 1,598,324.
Part V List of Officers, Directors, Trustees, and		
(A) Name and address		(B) Title and average hours per week devoted to position (C) Compensation (D) Contributions to employee benefit account and other allowances
SEE ATTACHED LIST		
		0. 0. 0.
	-	
		
TP Did an effect distance in the second		1
75 Did any officer, director, trustee, or key employee receive aggregate or organizations, of which more than \$10,000 was provided by the relate		

Form	990 (2000) WELLSPRING HOUSE, INC. 04-2735	048		Page 5
Pa	rt VI Other Information	N/A	Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<u>_X</u>
	If "Yes," attach a conformed copy of the changes.			7.
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	į	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b 79		<u>x</u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	'3	-	
20 .	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
00 a	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
ь	If "Yes," enter the name of the organization			
	and check whether it is exempt OR nonexempt.			
81 .	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81 0.	-		
b	Did the organization file Form 1120-POL for this year?	81b		<u> </u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a	Х	
þ	1.00			
	expense in Part II. (See instructions for reporting in Part III.) 82b 161,706.	83a	x	
83 a		83b	X	
b 84 a	Did the organization compty with the disclosure requirements relating to quid pro quo contributions?	84a	X	
оч а Б	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	9.19		
	tax deductible?	84b	x	_
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A	<u> </u>		
d	Section 162(e) lobbying and political expenditures 85d N/A	1		í
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	┨		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	055		
	allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	85h		
86		1		
D 07		1		
87 b	501(c)(12) organizations. Enter: • Gross income from members or shareholders	1		
U	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	1		
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		_X_
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			İ
	section 4911 ▶ 0 . ; section 4912 ▶ 0 .			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	896	L	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			Λ
	sections 4912, 4955, and 4958			$\frac{0}{0}$
d co-	Enter: Amount of tax on line 89c, above, reimbursed by the organization			<u> </u>
_	List the states with which a copy of this return is filed MASSACHUSETTS Number of employees employed in the pay period that includes March 12, 2000 90b			31
ь	Total of employees employee in the pay period that includes march 12, 2000			
91	The books are in care of ► WINIFORD SCHWOYER Telephone no. ► (978)2	231 <u>-</u>	322	1
-				
	Located at ► 302 ESSEX AVE GLOUCESTER ZIP code ► C	193	0	
				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		. ►L	
~~~~	and enter the amount of tax-exempt interest received or accrued during the tax year	_N/	A	

Enter gross amounts unless otherwise	· [	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(5)
ndicated.		(A)	(B)	(C)	(D)	(E) Related or exempt
93 Program service revenue:		Business code	Amount	Exclu- sion code	Amount	function income
a RENTAL INCOME		0000		0000		127,886.
<del></del>	·		-	-		127,000.
	<del></del>					
<u> </u>				<del>                                     </del>		
d	<del></del>		· <del></del>		<u>—</u>	
6 Madiana (Madianidan arraya				<del> </del> -	<u></u>	
f Medicare/Medicaid payments		_				224 452
g Fees and contracts from government agenc			<u> </u>	-		234,452.
94 Membership dues and assessments			-,	<del> </del>	<del></del>	
95 Interest on savings and temporary						04 540
cash investments		_				21,710.
				<b> </b> —		130.
97 Net rental income or (loss) from real estate:			·	ļ		
a debt-financed property		_		1		
	🗜			<b>└</b>		
98 Net rental income or (loss) from personal pr				<b> </b>		
99 Other investment income			_	<u> </u>		
100 Gain or (loss) from sales of assets	Ĭ					
other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventor	у					
103 Other revenue:						
t						
b						
c	1					
d	1					
ė .						
104 Subtotal (add columns (B), (D), and (E))			0.		0.	384,178.
105 Total (add line 104, columns (B), (D), and (					<u> </u>	
Note: Line 105 plus line 1d, Part I, should ed						<del></del>
Part VIII Relationship of Activit				t Pu	rposes	
Line No. Explain how each activity for which	income is repor	ted in colum	n (E) of Part VII contributed	1 impor	tantly to the accomplishment	of the organization's
exempt purposes (other than by pro	•		• •	•	,	
SEE STATEMENT 6	5				<del></del> -	
				_		
Part IX Information Regarding	Taxable S	Subsidiar	ies and Disregard	ed E	ntities	-
(A)	(B)		(C) Nature of activities		(D) Total income	(E) End-of-year
name, address, and EIN of corporation, partnership, or disregarded entity ow	Percentage of vnership interes	,	Nature of activities		l otal income	End-of-year assets
partnership; or also ogarded criticy		×				433013
N/A		/ ₆	· · · · · · · · · · · · · · · · · · ·		<del></del>	
		%				
		y _o				<del></del>
Part X Information Regarding			ited with Personal	Ben	efit Contracts	<del> </del>
(a) Did the organization, during the year, recei						Yes X No
• • • • • • • • • • • • • • • • • • • •		-		-		···· — —
(b) Did the organization, during the year, pay p		-	• •	JUN 4CL	·	Yes X No
Note: If "Yes" to (b), file Form 8870 and Fo	om 4/20 (s <del>ee</del>	INSTRUCTIONS		l gteterre	ents, and to the best of my knowled	loe and bellef it is true
					y knowledge. (Important: See Gene	

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information** 

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

Name of the	organization WELLSPRING HOUSE, INC.			Employer identifi	48
Part I	Compensation of the Five Highest Paid En (See instructions. List each one. If there are none, enter "None."		ficers, Directo	rs, and Trus	tees
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE_					
		<u>-</u>			
	<b></b>				
					_
<b></b>					
Total number	er of other employees paid	0		· · · · · · · · · · · · · · · · · · ·	1
Part II		dependent Contractors If there are none, enter 'None.')	for Professior	nal Services	
	(a) Name and address of each independent contractor paid r	nore than \$50,000	(b) Type of	service	(c) Compensation
NONE _					
<b>_</b>					
<del>-</del>					
	er of others receiving over professional services				00 or 000-E71 200

_		Statements About Activities  04-273	<u> </u>	Yes	No
		e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public	T	-	<u> </u>
		n a legislative matter or referendum?	1		x
11	Yes, e	nter the total expenses paid or incurred in connection with the lobbying activites   \$	<u> </u>		
		ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	-	ons checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of	Ì		
	_	ng activities.			
		e year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,		İ	
		reators, key employees, or members of their families, or with any taxable organization with which any such person is			
a	ffiliated a	is an officer, director, trustee, majority owner, or principal beneficiary:			
		nange, or leasing of property?	2a_		Х
bЬ	ending c	of money or other extension of credit?	2b		х
_			1		
c F	urnishin	g of goods, services, or facilities?	2c	<u> </u>	X
d F	ayment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
-			_		٦,
		of any part of its income or assets?	2e	-	Х
		wer to any question is "Yes," attach a detailed statement explaining the transactions.			
		organization make grants for scholarships, fellowships, student loans, etc.?	3_	<del> </del> -	X
		ave a section 403(b) annuity plan for your employees?	4a		X
		tatement to explain how the organization determines that individuals or organizations receiving grants or loans from it in se of its charitable programs quality to receive payments. (See page 2 of the instructions.)			
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)			
The o	rg <u>aniza</u> ti	on is not a private foundation because it is; (Please check only <b>ON</b> E applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	Ш	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)			
7	Ш	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	$\square$	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ш	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
		and state 🕨			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).			
		(Also complete the Support Schedule in Part IV-A.)			
11a	LJ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	닉	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	LX.	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership tees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described	ibed in:		
		(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)			
	_	Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		ne num	
				J.,, 4D(	
	_				
14	$\Box$	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

Pa	Note: You may use the	Complete only if you ch	ecked a box on line 10	), 11, or 12.) <mark>Use cash</mark> g from the accrual to th	method of acco	untin	g. Suntina.
	dar year (or fiscal year	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
15	Gifts, grants, and contributions received	(4) 1939	(8) 1000	(6) 1037	_ (8) 1000		(0) 1021
	(Do not include unusual grante, See line 28.)	886,579.	647,047.	568,829.	506,12	27.	2,608,582.
16	Membership fees received			_			<del> </del>
17	Gross receipts from admissions,						
	merchandise sold or services performed, or furnishing of facilities						
	in any activity that is not a business					- 1	
	unrelated to the organization's charitable, etc., purpose	369,949.	378,609.	360,875.	343,07	78.	1,452,511.
18	Gross income from interest	303,343		300,073.	315,70		2,102,022.
	dividends, amounts received from					-	
	payments on securities loans (section 512(a)(5)), rents, royalties, and					ł	
	unrelated business taxable income (less section 511 taxes) from						
	businesses acquired by the			4.5.45.0		ا ہ	20.466
	organization after June 30, 1975	11,769.	8,518.	13,673.	5,50	)6.	39,466.
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on its behalf			<u> </u>			
21	The value of services or facilities						
	furnished to the organization by a					-	
	governmental unit without charge.  Do not include the value of services						
	or facilities generally furnished to				-	ļ	
22	the public without charge Other income Attach a schedule, Do not			SEE STATEME	NT 9		
22	include gain or (loss) from sale of capital assets		11,200.	8,400.	9,73	33.	29,333.
23	Total of lines 15 through 22	1,268,297.		951,777.	864,44		4,129,892.
24	Line 23 minus line 17	898,348.	666,765.	590,902.	521,36		2,677,381.
25	Enter 1% of line 23	12,683.	10,454.	9,518.	8,64		
26	Organizations described on lines 1					26a_	N/A
Ь	Attach a list (which is not open to pu governmental unit or publicly suppo						
	in line 26a. Enter the sum of all these					26b	N/A
	in line 202. Lines the 3bit of an tires	c excess amounts					
c	Total support for section 509(a)(1)	est: Enter line 24, column	(e)		▶Ĺ	26c_	N/A
d	Add: Amounts from column (e) for I	ines: 18					
				6b		26d	N/A
e	Public support (line 26c minus line 2	26d total)				26e	N/A N/A %
27	Public support percentage (line 26 Organizations described on line 12	e (numerator) divided by	tine 260 (Genominator)	that were received from a	"disqualified person	n " atta	
21	to public inspection) to show the na						
	(1999) 112,125	(1998)	92,656	(1997)	97,750. (	1996)	41,235
b	For any amount included in line 17 t	hat was received from a n	ondisqualified person, at	tach a list to show the nar	ne of, and amount i	receive	ed for each year,
	that was more than the larger of (1)						
	individuals.) After computing the dif			er amount described in (1)	) or (2), enter the su	1 to mi	inese differences (the
	excess amounts) for each year: \$ (1999)  232,444			(1007) 2	04 202. (	1996)	200 002
	(1889) 4341	i.e. (1990)	441.13194	(1997)	V. T. J. D. V. D. A (	15507	
c	Add: Amounts from column (e) for I	ines: 15	2,608,582.	16			
·	17 <u>1,4</u>	52,511. 20		21	<u> </u>	27c	4,061,093.
d	Add: Amounts from column (e) for 17 1 , 4 Add: Line 27a total 3	143,766. and	line 27b total	864	<u>,626.</u> ►	27d	1,208,392.
e	Public support (line 27c total minus	line 27d total)			▶[	27e	2,852,701.
f	Total support for section 509(a)(2)						69.0745%
0	Public support percentage (lin		· · · · · · · · · · · · · · · · · · ·			<u>27a</u> 27h	9556%
28 1	Inversal Grants: For an organization	n described in line 10, 11	or 12 that received any	unusual grants during 19	96 through 1999, a	ttach a	a list (which is not open to
	public inspection) for each year showing these grants in line 15. (See page 5 of	ng the name of the contri	butor, the date and amou	nt of the grant, and a brie	f description of the	nature	of the grant. Do not include

NONE

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

_	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		A	
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
-	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		-
11	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	—	_
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		:	
32	Does the organization maintain the following:			
2	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a_	-	<b>!</b>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
2	Students' rights or privileges?			<u> </u>
Þ	Admissions policies?			<u> </u>
C	Employment of faculty or administrative staff?	33c_	<del> </del>	
đ	Scholarships or other financial assistance?	33d	<del> </del>	<u> </u>
e	Educational policies?			-
f	Use of facilities?		<del> </del> -	<del> </del> -
9	Athletic programs?		<del>                                     </del>	├
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	-	-
		.		1
34 a	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			<del> </del>
Ь	Has the organization's right to such aid ever been revoked or suspended?	_34b		₩
	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			1

Schedule A (Form 990 or 990-EZ) 2000

Sci	nedule A (Form 990 or 990-EZ)					0	<u>4-273504</u>	8 Page 5
P		•	ting Public Charities					
_		d ONLY by an eligible organiz						N/A
	. —	anization belongs to an affiliat ecked "a" above and "limited c	=					
CH	• •	mits on Lobbying Ex			(▲) Affiliated gro	מוור	To be comple	•
	(The terr	π "expenditures" means amou	nts paid or incurred.)		totals	оор	electing org	
_		The superior and a superior and a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a superior a	into pare or mountain,		N/A	-	_	
36	Total lobbying expenditures to	o influence public opinion (gra	ssroots lobbying)	36	_,,			
	• • •		direct lobbying)					
38	Total lobbying expenditures (a	add lines 36 and 37)				_	<u> </u>	
39							<del>-</del>	
40			, , ,	40			-	<del>.</del>
41	Lobbying nontaxable amount.  If the amount on line 40 is -		nowing Lable - nontaxable amount is -					
			unt on line 40					
			5% of the excess over \$500,000					
			0% of the excess over \$1,000,000					
			% of the excess over \$1,500,000					
			n line 36					<u> </u>
			n line 38					
_	Caution: If there is an amo	unt on either line 43 or line	44, you must file Form 4720.					
			Lobbying Expenditures D	aring 4-Ye	ar Averaging Peri	o <b>d</b>		N/A
	endar year (or eal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d 199	•		(e) otal
45	Lobbying nontaxable							_
	amount							0.
46	Lobbying ceiling amount (150% of line 45(e))							0.
47	Total lobbying						-	
_	expenditures							0.
48	Grassroots nontaxable				1			•
	amount		<del></del>				-	0.
49	Grassroots ceiling amount (150% of line 48(e))	1						0.
50	Grassroots lobbying							
	expenditures				_			0.
Р	eart VI-B Lobbying A	Activity by Nonelecti nly by organizations that did r	<del>-</del>					N/A
Dir		<del></del>	al, state or local legislation, including	any attemi	ot to		_	11/11
	uence public opinion on a legis			u., u,	_Υ	es N	o Amo	ount
	Volunteers							
Ь			ses reported on lines e through h)			_ _	_	
C								<u> </u>
0								··
1								
g			cials, or a legislative body					
h			lectures, or any other means		<u> </u>			
i	Total lobbying expenditures (		a detailed description of the lobbying	activities	L			0.
_	100 to uny or bio goote, a	er remail a aminimatic Rivilla (						

### Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51		irectly or indirectly engage in any of		_			
	1	section 501(c)(3) organizations) or in		olitical organizations?		Yes	No
a		ganization to a noncharitable exempt	=		51a(i)		
					8(ii)		X
	Other transactions:				4111		
U	· · · · · · · · · · · · · · · · · · ·	In with a game built by	-!*:		b(i)		v
		Is with a noncharitable exempt organ				$\vdash$	X
	(ii) Purchases of assets from a	noncharitable exempt organization					X
	(III) Rental of facilities, equipme	nt, or other assets			b(iii)		X
	(iv) Reimbursement arrangeme	nts				X	
	(v) Loans or loan guarantees						_X_
		membership or fundraising solicitat			b(vi)	-	X
		mailing lists, other assets, or paid e			C		X
d		-		always show the fair market value of the			
		given by the reporting organization.	-				
	transaction or sharing arrangem	nent, show in column (d) the value o	f the goods, other assets, or	r services received:		N/A	
(a)		(c)		(d)			
Line r	o. Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and st	naring ar	rangen	ients
	<u> </u>						
			•				
				·			
		-					
			•	· · · · <del></del>			
	Code (other than section 501(c) If "Yes," complete the following s	(3)) or in section 527? schedule: N/A		<del> </del>	Yes	X	] No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relationshi	P		
		<u> </u>		<del></del>			
	<del></del>		<del> </del>	<del></del>			
		<del></del>		<del></del>			
			·			_	
	<del></del>	<del></del>					
	<del></del>						
			-	<del></del>			
	<del></del>		<del> </del>	<u> </u>			
	<del></del>	<del></del>	<del> </del>				
		<del></del>	<del></del>	<del> </del>			
	_						
			ļ				
			<del></del>				
			<u> </u>	<u> </u>			

SCHEDULE A PAYMENTS	FROM DISQUAL	IFIED PERSON	S ST.	ATEMENT 7
*** NOT O	PEN TO PUBLIC	INSPECTION	***	
PAYERS'S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
	25,000.	17,400. 10,000.	18,000. 15,000.	27,850, 12,340,
	38,125.	28,250. 11,156. 25,850.	0. 30,000. 14,750. 20,000.	1,045
	15,000. 10,000. 24,000.	,,,,,	,	
TOTAL TO SCHEDULE A, LINE 27A	112,125.	92,656.	97,750.	41,235

SCHEDULE A EXCESS PAYMENTS	FROM NON-DIS	EQUALIFIED P	ersons s	TATEMENT 8
*** NOT OP	EN TO PUBLIC	INSPECTION	***	
PAYERS'S NAME	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
	232,444.	227,978.	204,202.	200,002
TOTAL TO SCHEDULE A, LINE 27B	232,444.	227,978.	204,202.	200,002

### WELLSPRING HOUSE BOARD OF DIRECTORS FY2001

- 02 Jackie Littlesteld, Chair 15 Norwood Heights Gloucester, MA 01930 283-2289 (home) 282-1814 (fax) LJBLSquam@aol.com
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- 03 Susan Brengle

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  brengle@mediaone.net
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  281-3221, 281-6092 (fax
  nancy@wellspringhouse.org

- 03 Leslee Shlopak 6 Camborne Way Rockport, MA 01966 546-3886 threedog@siac.net
- 02 Jane Shigley 117 D Tall Oaks Dr. Weymouth, 02190 (781) 335-6952 (617) 228-8700 (w) (617) 228-8940 (fax)
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- 02 Annie Thomas
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  annie@wellspringhouse.org
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  - 01 Dick Wilson
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    Magnolia, MA 01930
    525-3293
    (978) 777-1798 (w)
    (978) 525-3553 (fax)

FORM 990 PAGE 2

Ž o	Description	Date Acquired	Method	Life	Z o	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
10,	104LAND			000.	19							•0
10	105302 ESSEX ST. LAND	070181L	<u> </u>			35,000.			35,000.			0.
10(	10699 WASHINGTON ST. LAND	100185L	ير			11,000.			11,000.		-	0.
10.	10711 CHESTNUT ST. LAND	060186L	تب			17,900.			17,900.	•		.0
12,	122EMERSON AVE - LAND	051000L	ب			190,000.		_	190,000.		_	0
	NΩ					253,900.	_	0	253,900.	0	0	.0
105	109BUILDING 302 ESSEX		_	000.	19		_				-	.0
11(	110302 ESSEX ST. BUILDING	070185SL	SI	30.0019	19	105,000.			105,000.	.005,39		3,500.
	FIREMAN FUND					105,000.		0	105,000.	.005,39	0	3,500.
); 	10COMPUTER SOFTWARE	04 01 93 200DB	200DB	5.00	17	5,581.			5,581.	5,581.		0.
ਜ 	11JJR SECURITY	050193200DE	200DB	5.00	17	575.			575.	575.		.0
਼ਜ <u>ੋ</u>	12STOVE-COUNTRY LV. CTR.	080193200DB	200DB	5.00	17	1,004.			1,004.	1,004.		0.
<b>ન</b>	13COMPUTERS	090193200DB	200DB	5.00	17	4,100.			4,100.	4,100.		0.
ř	14PRINTER	1001932000	200DB	5.00	17	695.			695.	695.		0.
ત	15WASHING MACHINE	030195200DE	200DB	5.00	17	554			554.	554.		.0
์ 	16CURTAINS SUN PORCH	020195200DB	200DB	5.00	17	1,323.	,		1,323.	1,323.		0.
н	17JSH FURNITURE	070195200DE	200DB	5.00	17	580.			580.	522.		58.
17	18THIS END UP	070195200DB	200DB	5.00	17	759.			759.	683.		76.
028102					į							

(D) - Asset disposed

28102

Asset No.	Description	Date Acquired	Method	Life	S S S	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	19LAFFERTY	070195200DE	~	5.00	17	175.			175.	158.		17.
20	20THIS END UP	090195200DB		5.00	17	.909			909	545.		61.
21	21COMP USA	090196200DE	~~	2.00	17	1,014.			1,014.	758.		171.
22	22COMP USA	090196200DE		5.00	17	2,200.			2,200.	1,646.		369.
23	23INFOCOM	120196	20196200DB	5.00	17	975.			975.	730.		163.
24	24konica business machines	030197200DE		2.00	17	3,295.			3,295.	2,465.		553
25	25APPRISE SOFTWARE	070198200DE	~~	5.00	17	3,000.			3,000.	1,560.		576.
111	111ACCOUNT 1713			000.	19		•					0
112	112FURNITURE & FIXTURES	050193SL		5.00	19	15,818.			15,818.	15,818.		0.
117	117VOICE MAIL SYSTEM - ESSEX	ESSEX032100SL		5.00	19	1,500.			1,500.	75.		300.
120	VARIANCE	010190200DB		5.00	17	1,735.			1,735.	1,065.		0
127	FURNITURE & FIAIURES -	080199EL		5.00	19	1,916.			1,916.	351.	_	383.
128	128COMPUTERS - ESSEX	071499SL		5.00	19	1,649.			1,649.	330.		330.
130	130 COMPUTER WIRING	040201200DE	_	2.00	15B	8,437.			8,437.			422.
131	131COMPUTER CAPBLES	043001200DB5	200DB	2.00	15B	4,690.			4,690.			235.
132	132COMPUTER SERVER	051401200DB5	200DB	2.00	15B	1,210.	-		1,210.			61.
133	133MODEMS, CABLES	051401200DB5	200DB	2.00	15B	439.			439.			22.
134	134WORKSTATIONS	051401200DBS	200DB	5.00	15B	17,138.			17,138.			857.

(D) - Asset disposed

Age o	Description	Date Acquired	Method	Life	S O	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
135	135VIRUS SOFTWARE	051401200DB5	200DB	.00	15B	1,672.		_	1,672.			84.
136	136PRINTERS	051401200DB	200DB	2.00	15B	2,781.			2,781.			139
13,	137COMPUTER	052101200DB5	200DE	00.	15B	814.			814.			41.
138	138WORKSTATION INSTALLATION	052201200DB5	200DB	00.	15B	1,120.			1,120.		·	56.
135	₽	062001200DBS	200DB	00.	15B	431.			431.		•	22.
-, <u>#</u>	EIREMAN FUND					87,786.		0	87,786.	40,538.	0	4,996.
26	26ACCOUNT NUMBER 1714			000.	19						•	0.
, 73	27LOFT 1981	120181SL		30.00	19	10,662.			10,662.	6,572.		355.
2,6	28LOFT 1982	070182SL		30.00	19	8,641.			8,641.	5,184.	_	288.
25	29СНАРЕІ 1983	070183SL		5.00	19	965.			965.	965.		0.
) (3)	30WINDOW 302 ESSEX	070187SL		10.00	19	8,000.			8,000.	8,000.		0
31	31CARPORT	070187SL		30.001	19	7,500.			7,500.	3,000.		250.
<b>S</b>	32COMPLETE ANNEX	070188EL		30.00	19	5,300.			5,300.	2,121.		177.
w	3 3 WOODSTOVE	070188EL	-	10.001	19	964.			964.	964.		0
χ.	34kITCHEN CEILING	070188SL	_	10.001	19	1,800.			1,800.	1,800.	·	0
3.0	3 SFURNACE	070188SL		10.001	19	6,000.			6,000.	6,000.		0
36	36KITCHEN FLOOR	070188EL		5.00	19	1,660.			1,660.	1,660.		0
3,	370FFICE	070188SL		5.00	19	1,750.			1,750.	1,750.		0.
28102 4-27-01					(D) · As	(D) - Asset disposed						

Ž	Description	Date Acquired	Method	Life	S S	Unadjusted Cost Or Basis	Bus % Exci	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
38	38WEST SIDING	070188EL	SL	10.001	- 61	3,955.			3,955.	3,955.		0
35	39PAINT HOUSE	070188SL	Sī	5.00 1	6]	4,800.			4,800.	4,800.		0
7	40HOT WATER HEAT	070188SL	SL	10.001	61	1,200.	_	_	1,200.	1,200.		0
4	41WINDOWS EN ACT	070188EL	SL	10.001	61	5,710.			5,710.	5,710.		0
4	42FAULK BROS	020189SL	SL	5.00	19	2,850.			2,850.	2,850.		0
4	43ED JENKINS	040189SL	SL	5.00	19	755.			755.	755.		0
4,4	44MATQUIS & ELLIS	060189SL	SL	5.00	19	625.	•		625.	625.		0
4	45MOR ENG SEPT	110189SL	SL	10.001	- 61	1,500.		_	1,500.	1,500.		0.
4	46NEW SEPTIC	070190SL	SL	10.001	61	29,810.	·	<del></del>	29,810.	29,810.		0.
7	47CHIMNEY	100190SL	SL	5.00	19	725.			725.	725.		0.
4	48ROY SPITTLE	010191SL	SL	5.00	19	485.			485.	485.		0
4	49FUSE BOX	010191SL	SL	5.00	19	200			500	500.		0.
5	SORLLIS & COMPANY	120192EL	SL	5.00	19	825.			825.	825.		0
5,	51BATH RENOV	040195	95SL	10.001	19	4,500.			4,500.	2,475.		450.
5,	52BLLIS NEW BATHROOM	090195	5SL	10.001	19	3,980.			3,980.	1,791.		398.
Ŋ	53UNIS NEW BATHROOM	090195	5SL	10.0019	19	3,300.	-		3,300.	1,485.		330.
Ň	54SANDBORN PAINTING	100196SL	SL	5.00	19	2,000.		_	2,000.	1,400.		400.
5	55SANDBORN PAINTING	110196sr	SL	5.00	19	2,700.			2,700.	1,890.		540.
201920					ć	10000 00 00 00 00 00 00 00 00 00 00 00 0						

(D) · Asset disposed

990

			-		$\mid$	-		Reduction in				
A S	Description	Date Acquired M	Method	Life	Š. Š.	Unadjusted Cost Or Basis	Bus % Excl	Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	56ELLIS RENOVATION	120196SL		10.001	6]	7,609.			7,609.	2,663.		761.
5.	CONSTRUCTION	030197SL		10.001		3,000.			3,000.	1,050.		300.
123	IMPROVEMENTS-	080199EL		30.001		2,500.			2,500.	76.		83.
124	IMPROVEMENTS	0929 <mark>995L</mark>		30.00	<u> </u>	1,935.			1,935.	48.		65.
125	125ESSEX	102699SL		30.001	<u></u> -6]	5,000.			5,000.	111.		167.
126	OOM - ESSEX	1109999L	•	30.0019		4,448.			4,448.	.66		148.
	IREMAN FUN					147,954.		0.	147,954.	104,844.	0.	4,712.
25	58EDUCATION CENTER 1764		•	000								.0
- 25	59EDUCATION CENTER	070195SL		30.001	6	311,836.			311,836.	57,171.		10,395.
)9	Y	040196SL	<u>m</u>	0.001		8,843.		•	8,843.	1,327.		295.
_	FIREMAN FUND			_		320,679.		0	320,679.	58,498.	0.	10,690.
61	61ACCOUNT 1763		•	000								.0
. 62	PURNITURE & FIXTRURES	070195SL	ים <u>.</u>	.00	6	12,948.	_		12,948.	12,948.		.0
9	63сиѕтом сомритек	040196SL	<u>.n</u>	.00	<u>ച</u>	295.			295.	266.		29.
	6 dDISHWASHER	060196SL	<u>ר.</u>	.00	6]	2,198.			2,198.	1,759.		439.
	65TINY PLANET	030199SL	<u>. n</u>	.00	6]	3,178.	<del></del>		3,178.	848.		636.
115	119ED CENTER	072199SL	<u>.,</u>	00.	<u></u>	299.			299.	55.		.09
	* 990 PAGE Z TOTAL - FIREMAN FUND					18,918.		0	18,918.	15,876.	0	1,164.
028102					į							

(D) - Asset disposed

028102 04-27-01

A	Description	Date Acquired N	Method	Life	NO.	Unadjusted Cost Or Basis	Bus % Exct	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	66ACCOUNT 1773		•	000	19							0.
9	67к. косн	070196SL	T 5	00.	19	348.			348.	314.		34.
36	68 CAPITAL OFFICE FURN.	080195SL	rı S	00.	19	490.			490.	441.	-	49.
9	69ELLIS COMPANY	110195SL	n v	00.	19	250.			250.	225.	•	25.
j.	7 OCOMPUTER TOWN PRINTER	020195SL		5.00	19	277.	,		277.	249.		0
7	71R. KOCH (COMPUTER)	040196SL	r S	00.	19	662.			662.	595.		67.
15,		0212012000	00DB S	00.	15B	1,098.		•	1,098.			165.
	FIREMAN FUND					3,125.		0	3,125.	1,824.	0	340.
	72ACCOUNT 1753			.000	19							0.
7	73CAPITAL OFFICE FURN	080195SL		5.00	19	1,019.			1,019.	917.		102.
7,	74STAPLES (COPIER)	020196SL		5.00	19	675.			675.	608.		67.
7:	75COMPUTER TOWN (COMPUTER)	020196SL		5.00	19	1,124.			1,124.	1,012.		112.
15(	150 COMPUTER	120500200D	00DB5	00.5	15B	2,081.			2,081.			520.
151	COPY MACHINE	021201200D	B	2.00	15B	1,098.			1,098.			165.
·	* 990 PAGE 2 TOTAL - FIREMAN FUND					5,997.		0	5,997.	2,537.	0	996
<u> </u>	76BUILDING WASHINGTON ST	100185SL		30.001	19	.000,66			.000,66	49,500.		3,300.
77	BUILDING WASHINGTON STREET ACCT: 1722			000.	19							0.
	* 990 PAGE 2 TOTAL - FIREMAN FUND					99,000.		0	.000,66	49,500.	0.	3,300.
028102												

(D) · Asset disposed

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A S	Description	Date Acquired	Method	Life	NO.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	78ACCOUNT 1723			.000	6	_			_			0
7.5	FORMITORE MASAINGION 79STREET	100185SL		5.00 1	6	3,460.			3,460.	3,460.		0.
8	80THIS END UP	050193SL		5.00 1	<u>ი</u>	982.			982.	982.		.0
<u>α</u>	81pottery barn (RUG)	060196SL	-	5.00 1	<u></u>	437.		•	437.	393.	-	44.
14(	140FLOORING WASHINGTON	060101SL		10.001	6	1,477.			1,477.			12.
,	FIREMAN FUND					6,356.		0	6,356.	4,835.	0	56.
80	82ACCOUNT 1724			.000	19							0
<b>8</b> 0	83BUILDING IMP WASH	100185SL		30.0019	6	.007,68			89,700	44,850.		2,990.
88	84ELLIS & COMPANY	100192SL	_	5.00 1	و	450.			450.	450.		0.
8	8 SNARDONE	020197SL		10.0019		2,250.			2,250.	788.		225.
86	8 6NARDONE	020197SL	·	10.00	ტ	2,350.			2,350.	823.		235.
118	I	051200SL	-	30.00	თ	3,333.		•	3,333.	19.	• -	111.
141	HEATING SYSTEM	101200SL		10.00	ون	6,575.			6,575.	-		493.
142	HEATING SYSTEM - 142WASHINGTON	112000SL		10.001	თ	8,150.			8,150.		·	475.
143	1436 STOVES WASHINGTON	112100200D	Д	5.00 1	15B	800.			800.	_		200.
144	ာဝ္ထင	031601SL		10.0019	თ	6,982.			6,982.			175.
; ·	FIREMAN FUND					120,590.		.0	120,590.	46,930.	0	4,904.
ω	87ACCOUNT 1732			000	19							0.

(D) - Asset disposed

990

FORM 990 PAGE 2

Ž.	Description	Date Acquired	Method	. ie	S Cin	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Deprectation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
~~ 		060186SL		30.00	6]	161,100.			161,100.	75,178.		5,370.
. •	FIREMAN FUND	•				161,100.		0	161,100.	75,178.	0	5,370.
<u> </u>	89ACCOUNT 1733		-	.000	19							0.
<u>.</u> —	90THIS END UP	110187SL		5.00 1	19	4,014.			4,014.	4,014.		0.
9.	91THIS END UP	030188SL		5.00 1	19	582.	<u>-</u>		582.	582.		0.
	92MODERN HOME AP	090189SL		5.00	19	.009			.009	.009		0
<u>.</u>	93EQUIPMENT	090189SL		5.00	19	616.			616.	616.		0
<u>ŏ</u>	94JM WALSH (OIL TANK)	100195EL		5.00	19	1,100.			1,100.	.066		110.
	FIREMAN FUND			<del></del>		6,912.		0	6,912.	6,802.	0	110.
<u> </u>	95ACCOUNT 1734			.000	19			•				0.
<u>გ</u>	96BUILD IMP CHEST	100187SL		30.00	19	94,000.			94,000.	40,733.		3,133.
ָס	97ACTION INC.	120187SL		30.00	19	8,645.	į		8,645.	3,746.	•	288.
	98BUILD IMP CHESTNUT	010188SL		30.00	19	800			800.	334.		27.
<u>.</u>	99MARQ & ELLIS F	050189SL		5.00	19	800.			800.	800.		0
14	145BOILER - CHESTNUT	082400SL		10.00	13	4,583.			4,583.			382.
14	146ROOF - CHESTINUT	18005060	-	30.00	19	4,300.			4,300.			119.
14	147HEATING BASEBOARD	120500SL		10.001	19	3,374.		_	3,374.	•	·	197.
	FUND				ヿ	116,502.		0.	116,502.	45,613.	0	4,146.

(D) · Asset disposed

Current Amount Of Sec 179 Depreciation		0			0	96'1   1'969		- 53	<u>г</u>	0. 8,027.	0	1,204	0. 1,204	0. 53,485			 <u> </u>
Accumulated Depreciation		•		1,708.	1,708.	1,328.				1,328.			0.	522,511.			
Basis For Depreciation		0.		1,708.	1,708.	239,063.		1,730.	1,898.	242,691.		3,440.	3,440.	1701658.			
Reduction In Basis - ITC, 179, Salvage		.0			0.					0.			0	0.			
Bus % Excl																_	
Unadjusted Cost Or Basis		0.		1,708.	1,708.	239,063.		1,730.	1,898.	242,691.		3,440.	3,440.	1701658.			
	19		19	19		019	19	019	.0019		19	15B					_
Life	000		000	5.00		30.0019	000	30.00	30.0		.000	5.00					
Method				3.5		ĭŗ		ĭ				300DB					
Date Acquired				040194SL		051000E		081500SL	051601SL			081100200DB5					 _
Description	102ACCOUNT 1743	7 E	114ACCOUNT 1713	PUTER FORMAT	* 990 PAGE 2 TOTAL - FIREMAN FUND	121EMERSON AVENUE	129EMERSON ACCOUNT 1752	148BUILDING IMPROVEMENTS	24	* 390 PAGE 2 TOTAL - FIREMAN FUND	153FIREMAN FUND	ELL COMPUTER	AGE Z TOTAL - FUND	* GKAND TOTAL 990 PAGE 2 DEPR			
No.	102		114	115		121	129	148	149	• .	153	154			·		

(D) - Asset disposed

FORM 990 OTHER CHA	ANGES IN NET A	SSETS OR FUND	BALANCES	STATEMENT
DESCRIPTION				AMOUNT
UNREALIZED LOSS ON INVEST	MENTS		•	-29,843
TOTAL TO FORM 990, PART	, LINE 20			-29,843
FORM 990	OTHER	EXPENSES		STATEMENT
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
UTILITIES INSURANCE	33,122. 10,754.	28,291. 9,571.	1,876. 1,183.	2,955
REAL ESTATE TAXES	16,483.	14,795.	844.	844
CONSULTANTS	40,627.	31,017.	7,845.	1,765
PROGRAM SERVICES PERMITS & MEMBERSHIP	14,501. 5,593.	6, <b>464.</b> 3,930.	963. 1,091.	7,07 <b>4</b> 572
EVENT EXPENSE	38,832.	3,292.	1,051.	35,540
OFFICE EXPENSE	31,370.	16,183.	6,909.	8,278
FIREMAN FUND	202,131.	500.	100.	201,531
TOTAL TO FM 990, LN 43	393,413.	114,043.	20,811.	258,559
FORM 990 SI	PECIFIC ASSIST	ANCE TO INDIV	TDUALS	STATEMENT
DESCRIPTION		<del>-</del> -	<u> </u>	AMOUNT
DIRECT PARTICIPANT SUPPOR	RT			31,119
TOTAL TO FORM 990, PART	(I, LINE 23		•	31,119

FORM 990	NON-G	OVERI	MENT SE	STATEMENT 4						
CORPORAT DESCRIPTION STOCKS			CORPORATE			THER BLICLY RADED URITIES	OTHER SECURIT		TOTAL NON-GOV'T SECURITIES	
INVESTMENTS MARKETABLE SECURITIES	ES				_		248,8 27,3		248,8° 27,3	
TO FM 990, LN 54 COL B							276,2	208.	276,2	08.
FORM 990 DEPRECIAT:	ION OF	ASSE'	rs not h	HELD	FOR	INVEST	MENT	ST	ATEMENT	5
DESCRIPTION		_	COST OTHER E		5	ACCUMUI DEPREC		В	OOK VALU	E
COMPUTER SOFTWARE JK SECURITY STOVE-COUNTRY LV. CTR. COMPUTERS PRINTER WASHING MACHINE CURTAINS SUN PORCH JSH FURNITURE THIS END UP LAFFERTY THIS END UP COMP USA COMP USA INFOCOM KONICA BUSINESS MACHINES APPRISE SOFTWARE LOFT 1981 LOFT 1982 CHAPEL 1983 WINDOW 302 ESSEX CARPORT COMPLETE ANNEX WOODSTOVE KITCHEN CEILING	5		1	1,00 4,10 55 1,32 58 75 1,01 2,20 3,00 1,00 8,66 8,00 7,50 5,30 1,80	75. 76. 76. 76. 76. 77. 77. 77. 77		5,581. 575. 1,004. 4,100. 695. 554. 1,323. 759. 175. 606. 929. 2,015. 893. 3,018. 2,136. 6,927. 5,472. 965. 8,000. 3,250. 2,298. 964. 1,000.		1	69. 0. 50. 02. 0.
FURNACE KITCHEN FLOOR OFFICE WEST SIDING PAINT HOUSE HOT WATER HEAT WINDOWS EN ACT				6,00 1,60 1,7! 3,9! 4,80 1,20 5,73	50. 50. 55. 00.		6,000. 1,660. 1,750. 3,955. 4,800. 1,200. 5,710.			0.0.0.0.0.0.

wellspring house, inc.			04-2735048
FAULK BROS	2,850.	2,850.	0.
ED JENKINS	755.	755.	0.
MATQUIS & ELLIS	625.	625.	0.
MOR ENG SEPT	1,500.	1,500.	0.
NEW SEPTIC	29,810.	29,810.	0.
CHIMNEY	725.	725.	0.
ROY SPITTLE	485.	485.	0.
FUSE BOX	500.	500.	0.
ELLIS & COMPANY	825.	825.	0.
BATH RENOV	4,500.	2,925.	1,575.
ELLIS NEW BATHROOM	3,980.	2,189.	1,791.
UNIS NEW BATHROOM	3,300.	1,815.	1,485.
SANDBORN PAINTING	2,000.	1,800.	200.
SANDBORN PAINTING	2,700.	2,430.	270.
ELLIS RENOVATION	7,609.	3,424.	4,185.
NARDONE CONSTRUCTION	3,000.	1,350.	1,650.
EDUCATION CENTER	311,836.	67,566.	244,270.
ELLIS COMPANY	8,843.	1,622.	7,221.
FURNITURE & FIXTRURES	12,948.	12,948.	0.
CUSTOM COMPUTER	295. 2,198.	295. 2,198.	0. 0.
DISHWASHER	3,178.	1,484.	1,694.
TINY PLANET R. KOCH	348.	348.	0.
CAPITAL OFFICE FURN.	490.	490.	0.
ELLIS COMPANY	250.	250.	0.
COMPUTER TOWN PRINTER	277.	249.	28.
R. KOCH (COMPUTER)	662.	662.	0.
CAPITAL OFFICE FURN	1,019.	1,019.	0.
STAPLES (COPIER)	675.	675.	0.
COMPUTER TOWN (COMPUTER)	1,124.	1,124.	0.
BUILDING WASHINGTON ST	99,000.	52,800.	46,200.
FURNITURE WASHINGTON STREET	3,460.	3,460.	0.
THIS END UP	982.	982.	0.
POTTERY BARN (RUG)	437.	437.	0.
BUILDING IMP WASH	89,700.	47,840.	41,860.
ELLIS & COMPANY	450.	450.	0.
NARDONE	2,250.	1,013.	1,237.
NARDONE	2,350.	1,058.	1,292.
BUILDING CHEST	161,100.	80,548.	80,552.
THIS END UP	4,014.	4,014.	0.
THIS END UP	582.	582.	0.
MODERN HOME AP	600.	600.	0.
EQUIPMENT	616.	616. 1,100.	0.
JM WALSH (OIL TANK)	1,100. 94,000.	43,866.	50,134.
BUILD IMP CHEST	8,645.	4,034.	4,611.
ACTION INC. BUILD IMP CHESTNUT	800.	361.	439.
MARQ & ELLIS F	800.	800.	0.
302 ESSEX ST. LAND	35,000.	0.	35,000.
99 WASHINGTON ST. LAND	11,000.	0.	11,000.
11 CHESTNUT ST. LAND	17,900.	0.	17,900.
302 ESSEX ST. BUILDING	105,000.	70,000.	35,000.
FURNITURE & FIXTURES	15,818.	15,818.	0.
<del> </del>	,	,	

WELLSPRING HOUSE, INC.			04-2735048
MACINTOSH COMPUTER	1,708.	1,708.	0.
VOICE MAIL SYSTEM - ESSEX	1,500.	375.	1,125.
FLOORING - WASHINGTON	3,333.	130.	3,203.
OFFICE FURNITURE/CHAIRS - ED	·		•
CENTER	299.	115.	184.
302 ESSEX VARIANCE	1,735.	1,065.	670.
EMERSON AVENUE	239,063.	9,297.	229,766.
EMERSON AVE - LAND	190,000	0.	190,000.
BUILDING IMPROVEMENTS- ESSEX	2,500.	159.	2,341.
BUILDING IMPROVEMENTS - ESSEX	1,935.	113.	1,822.
BUILDING IMPROVEMENTS - ESSEX	5,000.	278.	4,722.
BATHROOM - ESSEX	4,448.	247.	4,201.
FURNITURE & FIXTURES - ESSEX	1,916.	734.	1,182.
COMPUTERS - ESSEX	1,649.	660.	989.
COMPUTER WIRING	8,437.	422.	8,015.
COMPUTER CAPBLES	4,690.	235.	4,455.
COMPUTER SERVER	1,210.	61.	1,149.
MODEMS, CABLES	439.	22.	417.
WORKSTATIONS	17,138.	857.	16,281.
VIRUS SOFTWARE	1,672.	84.	1,588.
PRINTERS	2,781.	139.	2,642.
COMPUTER	814.	41.	773.
WORKSTATION INSTALLATION	1,120.	56.	1,064.
WORK PLAN ROUTER	431.	22.	409.
FLOORING WASHINGTON	1,477.	12.	1,465.
HEATING SYSTEM - WASHINGTON	6,575.	493.	6,082.
HEATING SYSTEM - WASHINGTON	8,150.	475.	7,675.
6 STOVES WASHINGTON	800.	200.	600.
WINDOWS & DOORS	6,982.	175.	6,807.
BOILER - CHESTNUT	4,583.	382.	4,201.
ROOF - CHESTNUT	4,300.	119.	4,181.
HEATING BASEBOARD	3,374.	197.	3,177.
BUILDING IMPROVEMENTS	1,730.	53.	1,677.
BUILDING IMPROVEMENTS	1,898.	5.	1,893.
COMPUTER	2,081.	520.	1,561.
COPY MACHINE	1,098.	165.	933.
COPY MACHINGE	1,098.	165.	933.
DELL COMPUTER	3,440.	1,204.	2,236.
TOTAL TO FORM 990, PART IV, LN 57	1,701,658.	575,996.	1,125,662.
FORM 990 PART VIII - RELATI ACCOMPLISHMENT	ONSHIP OF ACTIVITOR OF EXEMPT PURPOS		STATEMENT 6
LINE EXPLANATION OF RELATIONSHIP	OF ACTIVITIES		
93A RENTAL INCOME TO PROVIDE AF		AT THREE LOCA	TIONS, RENTAL
INCOME OF COMMUNITY BUILDIN 93G CONTRACT WITH COMMONWEALTH		TO PROVIDE FA	MILY SHELTER

PROGRAM

INTEREST EARNED ON CASH & CASH EQUIVELENTS

95

SCHEDULE A	OTHER IN		STATEMENT		
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
		11,200.	8,400	. 9,73	33.
TOTAL TO SCHEDULE A, LINE 22	-	11,200.	8,400	. 9,73	33.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

### **Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions.

► Attach this form to your return.

Business or activity to which this form relates

Attachment Sequence No 67 Identifying number

OMB No. 1545-0172

WELLSPRING HOUSE, INC.			FOR	M 990	PAGE 2		04-2735048	
Part I Election To Expense Certain Tar	gible Property	(Section 179	9) Note: If you	have any 'lis	ted property,*com	plete Part V I	before you complete Part I.)	
1 Maximum dollar limitation. If an enterpris	se zone business	s, see instruc	tions			1	20,000.	
2 Total cost of section 179 property place								
3 Threshold cost of section 179 property l		\$200,000						
4 Reduction in limitation. Subtract line 3 fr								
5 Dollar limitation for tax year. Subtract lin								
separately, see instructions	5							
6 (a) Description of pro	perty		d ¢ost					
					}			
					<u> </u>			
7 Listed property. Enter amount from line	27			7				
8 Total elected cost of section 179 proper						. 8		
9 Tentative deduction. Enter the smaller o	f line 5 or line 8					9		
10 Carryover of disallowed deduction from								
11 Business income limitation. Enter the sn	naller of busines:	s income (no	t less than ze	ro) or line 5		11		
12 Section 179 expense deduction. Add lin	es 9 and 10, but	do not ente	r more than lii	ne 11		12		
13 Carryover of disallowed deduction to 20				▶ 13				
Note: Do not use Part II or Part III below for used for entertainment, recreation, or amuse	listed property (a ment). Instead, (	automobiles, use Part V fo	certain other r listed proper	vehicles, cei ty.	lular telephones	, certain co	mputers, or property	
Part II MACRS Depreciation For Asset	s Placed in Ser	vice Only D	uring Your 20	00 Tax Yea	r (Do not includ	e listed pro	perty.)	
			Asset Acco					
14 If you are making the election under sec accounts, check this box. See instruction								
	ction B - Genera		ion System I			·····		
	(b) Month and		r depreciation			1	<b></b>	
(a) Classification of property	year placed in service	(business/i	nvestment use	(d) Recover period	(e) Convention	(f) Method	(g) Depreciation deduction	
45 a 2 year property	## <b>##</b> ##	Unity 500						
15 a 3-year property			47,249.	E VDC	MO	200DB	4,193.	
b 5-year property	ł		41,243.	5 YRS	<u> </u>	20000	4,133.	
c 7-year property	{				<del>- [</del> -	<del> </del>		
d 10-year property	-					<del> </del>		
e 15-year property	1					<del>   </del>		
f 20-year property	i			05		0.0		
g 25-year property				25 yrs.		S/L	<del>_</del>	
h Residential rental property	<del></del>			27.5 yrs		S/L		
	<del>- '</del>			27.5 yrs		S/L		
i Nonresidential real property	<del>'-</del>			39 yrs.	MM_	S/L	<u> </u>	
- Cont	1 / / / / / / / / / / / / / / / / / / /	<u> </u>		(ADC) (Can	MM	S/L		
	tion C - Alternat	uve Depreci	ation System	   (WD9) (266	instructions.)	T 0.7		
16 a Class life	1			<del> </del> _	<del>-  </del>	S/L		
b 12-year	<del> </del> -			12 yrs.	1	S/L_	·· <del>·</del> ·································	
c 40-year	1			40 yrs.		S/L	<u> </u>	
Part III Other Depreciation (Do not inc						1	2 244	
17 GDS and ADS deductions for assets pla			-			17	2,044.	
18 Property subject to section 168(f)(1) ele-	ction					18	45 040	
19 ACRS and other depreciation						19	47,248.	
Part IV Summary (See instructions.)			<del></del>					
20 Listed property. Enter amount from line						20	<del></del>	
21 Total. Add deductions from line 12, line					ter here		F 2 405	
and on the appropriate lines of your retu	•	-		instructions	T	21	<u>53,485.</u>	
22 For assets shown above and placed in s	-	e current yea	ar, enter the		1			
portion of the basis attributable to section	on 263A costs			22	L			

through (c) of S	ımusement.) vehicle for w Section A, all	hich you are us of Section B, a	ing the	standar tion C if	d mileag applica	ge rate o ble.	r dedu	cting leas	e expens	se, com			or enterta	
Section A - Depreciation a	nd Other In	formation (Cau	ution: S	ee instr	uctions	for limits	_					<del></del>	<del>-</del> -	
23a Do you have evidence to s	support the bu	siness/investmer	nt use cla	aimed?	<u> </u>	es L	_ No	23b If "Y	es," is th	<u>ne evide</u>	nce writt	ten? L	_ Yes ∟	<u>  No</u>
(a)  Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ Investment use percentage	other basis		(e) Basis for depreciation (business/investment use only)		Recovery Mo				h) eciation action	Ele sectio	(i) cted on 179 ost	
24 Property used more tha	n 50% in a c				1									
		%	,											
	: :	%	,				_				<u> </u>			
	. :	%	5			_		<u> </u>			<u></u>			
25 Property used 50% or le	ess in a qual	<u>ified business u</u>	use:					1					_	
	<u> </u>	%	<u> </u>						S/L·		ļ <u> </u>		_	
		<u>%</u>						ļ	\$/L -		<u> </u>		_	
	<u> </u>	%						<u> </u>	<u>S/L</u> -	1			+	
26 Add amounts in column										26				
27 Add amounts in column	(i). Enter the					on Use		<u></u>	· · · · · · · · · · · · · · · · · · ·			27	1	
Complete this section for ve If you provided vehicles to y those vehicles.	our employe	ees, first answe	r the qu	estions a)	ın Secti	b)	see if	you meet	an excep	d)	completi	ing this : e)	1	or (1)
28 Total business/investment	miles driven d	luring the	Vehicle		Ve	hicle	<u> </u>	/ehicle	Vel	hicle	Vehicle		Vehicle	
year (DO NOT include com	muting miles)				ļ						1			
29 Total commuting miles	driven during	the year	_		<u> </u>			<del></del>	-					
30 Total other personal (no	ncommuting	ı) miles									1			
driven					1				<del> </del> -		-		<del> </del>	
31 Total miles driven during														
Add lines 28 through 30	)	······	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
32 Was the vehicle availab	le for nerson	al use	163	140	103	110	100	110	1	"	1.00	1		- 110
during off-duty hours?						}					]			
33 Was the vehicle used p			-	i <del>-</del>										
than 5% owner or relate									<u> </u>					
34 Is another vehicle availa														
use?				<u> </u>	<u> </u>					}	<u> </u>	<u> </u>	<u> </u>	
Answer these questions to owners or related persons.		- Questions fo you meet an ex										re not n	nore thar	1 5%
35 Do you maintain a writte employees?													Yes	No
36 Do you maintain a writte	en policy sta	tement that pro	ohibits p	oersonal	l use of v	vehicles	, excep	ot commu	ting, by	your				
employees? See instruc		=	-											<del> </del>
37 Do you treat all use of v														-
38 Do you provide more th														1
the use of the vehicles,														+
39 Do you meet the require Note: If your answer to	35, 36, 37,	erning qualified 38, or 39 is "Ye	s," you	need no	emonstra et compl	ete Sec	tion B	for the co	vered ve	hicles.				
Part VI Amortization		<del></del>					ı	/-n	- +	4.0	1			
(a) Description of	f costs	Cate a	(b) mortization begins		(C) Amortiza amoun	ble 11		Code Amoi		Amortu	(e) Amortization Au od or percentage to		(f) Imortization or this year	
40 Amortization of costs that	begins during	your 2000 tax ye	ar:				_ _							
			: :											
41 Amortization of costs th	at began he		<u>::_</u>	<u></u>							41			

42

42 Total. Add amounts in column (f). See instructions for where to report